1-1-1986

The influence of the alcoholic family of origin on personal drinking styles among veterans.

Amy Auslander Hirsch
University of Massachusetts Amherst

THE INFLUENCE OF THE ALCOHOLIC FAMILY OF ORIGIN ON PERSONAL DRINKING STYLES AMONG VETERANS

A Dissertation Presented

By

AMY AUSLANDER HIRSCH

Submitted to the Graduate School of the University of Massachusetts in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

September 1986

Department of Psychology

THE INFLUENCE OF THE ALCOHOLIC FAMILY OF ORIGIN ON PERSONAL DRINKING STYLES AMONG VETERANS

A Dissertation Presented

By

AMY AUSLANDER HIRSCH

Approved as to style and content by:

Richard P. Halgin

Richard Halgin, Chairperson of Committee

Ronnie Janoff-Bulman

Ronnie Janoff-Bulman, Member

Castellano Turner

Castellano Turner, Member

Stephen Blane

Stephen Blane, Member

Seymour Berger

Seymour Berger, Chairperson
Department of Psychology

DEDICATION

This work is lovingly dedicated to the memory of my mother, Phyllis Lewis Auslander. Her strength and insight guided our family in every way through good and bad times. It is also dedicated to all families who are touched by parental alcoholism.

ACKNOWLEDGEMENT

There are many people to thank when one completes a project such as this. I will start by expressing my gratitude to my committee members, Drs. Castellano Turner, Ronnie Janoff-Bulman, Stephen Blane, and especially Richard Halgin, my chairperson. Dr. Halgin provided me with encouragement when mine was depleted and sound ideas which helped me to organize my thoughts. My appreciation also extends to Linda Downs-Bembury, who was constantly available and optimistic throughout the tedious task of typing this manuscript. I am indebted to Paul Barrows, my invaluable research assistant, for his reliability, intelligence, and precision in the analysis of data. And finally I would like to thank Jackie Brodeur and the entire Alcohol Dependence Treatment Program staff at the Leeds V.A. Hospital for their receptivity and support in helping me to carry out this work.

I reserve my deepest gratitude for my family. My father, Saul, and my sister, Wendy both enabled me to persevere as they offered their unwavering support. Lastly, my husband Jacob, the person who most consistently

endured the effects of a preoccupied spouse, always expressed faith and confidence in both my abilities and this project. He has helped to sustain me throughout all of these years of hard work.

ABSTRACT

The Influence of Alcoholic Family of Origin
on Drinking Styles Among Veterans

September 1986

Amy Auslander Hirsch, B.A., B.S.,
University of Pennsylvania

M.S., University of Massachusetts

Ph.D., University of Massachusetts

Directed by: Professor Richard Halgin

The differential transmission of alcoholism from father to son was investigated from an adjustment to stress perspective. Perceptions regarding families of origin, and personal/dispositional, cognitive, and social support factors were considered as significant mediators of adjustment to the stress of parental alcoholism. Subjects were male veterans and part of a high risk population, adult children of alcoholics, who were classified as alcoholic or problem-free drinkers. All veterans were interviewed about their perceptions regarding families of origin and personal drinking styles, and their reports were qualitatively analyzed and compared according to overall adjustment to life with an alcoholic

father.

Results suggested that quality of adjustment and personal drinking style was determined not only by the severity of the stressor, but also by the presence of developmentally relevant risk and protective factors. Alcoholic and nonalcoholic subjects reported differences in extent of overall family disruption, personal role ascriptions, family abuse and violence, childhood competence and mastery, maternal role, and general cognitions regarding personal susceptability to alcoholism. Attributions regarding problem or problem-free drinking indicated some trend towards internality among nonalcoholics but a more varied attributional style among alcoholics. Overall, there seemed to be a confluence of protective factors apparent in the histories of nonalcoholics and a series of incurred risks for alcoholics. Results were discussed in terms of the need to view alcoholism as a family systems problem. Implications concerning the need for education, preventative measures and specialized treatment programs were also offered.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

C H A P T E R I

INTRODUCTION

It is generally accepted that the family is the primary vehicle through which social behavior and norms and psychological adjustment are achieved. Within this context, the child learns to relate, communicate, share and adapt. Hecht (1973) refers to the family as the "basic matrix of the child's education. From the interaction of various family members with each other, a child forms ideas and ideals of control, relationships, and responsibilities" (p. 1765).

Current estimates indicate that 20% of all applications for help concerning childhood problems at guidance clinics and social agencies stem from a drinking problem in the family (Hecht, 1973). It becomes painfully obvious through these requests for assistance then, that problem drinking adversely affects not only the alcoholic, but damages his family as well.[1] Recent evidence corroborates this and indicates that children of alcoholics are a high risk group for developing

alcoholism. Approximately one-half of all problem drinkers come from families with an alcoholic parent (Bosma, 1975) and children of alcoholics are twice as likely to become alcoholic as children of nonalcoholic parents (Booz, Allen & Hamilton, 1974). These statistics are particularly alarming when one considers that there are over 29 million children of alcoholics in America today (NIAAA, 1974).

It is natural then that children of alcoholics have become the focus of recent research and clinical attention. These children, raised in families with excessive parental conflict and a lack of social controls over deviant alcohol consumption, may be likely to have social and emotional reasons to abuse alcohol at some point in their lives (Cutter & Fisher, 1980). Children of alcoholics can exhibit dysfunction at any age -- childhood, adolescence, adulthood, old age -- but are very likely to develop drinking problems prior to/or during young adulthood (Worden, 1984).

The present study focuses on this particular population of adult children of alcoholics; it examines their perceptions and beliefs about their families of origin and their personal drinking styles. It looks at offspring who have managed to escape the affliction of personal alcoholism as well as those who have not. In so

doing, this study attempts to clarify the differential effect of parental alcoholism on children -- the fact that some offspring of alcoholics become alcohol dependent while others do not.

Definitions of Alcoholism

> "The word 'alcoholism' is in common use, but at the same time, there is general uncertainty about its meaning. Where is the dividing line between heavy drinking and this 'illness'? Is it a matter of quantity drunk or damage sustained, or of what else besides? This confusion is not limited to the layman, for final clarification has eluded the many experts and expert committees that have grappled with the terms to be used about drinking problems" (Pattison & Kaufman, 1982, p. 17).

The above quotation explicates the dilemma that surrounds devising a model for conceptualizing alcohol abuse. Despite the fact that alcoholism is ranked as the third most prevalent health problem in the United States (World Health Organization Report No. 273, 1964), that it has been clearly linked with familial, social, vocational and legal problems, and that this so-called disease is responsible for multiple somatic pathologies, there has been little consensus about the actual definition of alcoholism. In recent times, attempts to construct a simple definition and simple diagnostic methods for identifying alcoholism have waned (Jellinek, 1960; Pattison & Kaufman, 1982; Selzer, 1971; Vaillant, 1983). Rather, more anti-reductionistic models have prevailed and alcoholism has come to be viewed as a "unitary but complex

syndrome best defined by the redundancy and variety of individual symptoms" (Vaillant, 1983, p. 42).

In his highly influential book, The Disease Concept of Alcoholism, Jellinek (1960) proposed that many forms, patterns and types of alcohol use were subsumed under the concept of alcoholism. Varied alcohol-related problems, not any unique criterion, comprised the alcoholism syndrome. Jellinek and others use the terms syndrome and disease interchangeably to refer to a cluster or set of interrelated symptoms which together define a disorder. Indeed, in his effort to broaden simplistic perspectives regarding this syndrome, Jellinek (1960) devised a system of types of alcoholisms: alpha (symptoms and psychological but not physical dependence), beta (medical symptoms but no physical dependence), gamma (symptoms and physical dependence), delta (physical dependence but few or no symptoms), and epsilon (binge drinking). Although Jellinek's classification system has not proven useful in diagnosing, treating, and predicting prognoses in alcoholics (Pattison & Kaufman, 1982), his categorization anticipated the subsequent diagnostic work of the next 30 years. Jellinek's contributions include "his emphasis on differentiation between different patterns of alcohol abuse, the difference between dependence on alcohol and

the consequences of alcohol use, and the importance of sociocultural variations in patterns of alcohol use, misuse, and abuse" (Pattison & Kaufman, 1982, p. 18). In general, Jellinek has enabled us to view alcoholism as a multivariate rather than a binary diagnosis (Vaillant, 1983).

How then was the term alcoholism operationalized and used in the present study? As mentioned above, alcoholism is not a black-white, dichotomous diagnosis which describes specific alcoholic-related problems. Instead, alcohol abuse is diagnosed by the variety and number of symptoms present; differing subsets of symptoms may discriminate the extent of problem drinking equally well (Vaillant, 1983). Symptoms may vary in severity and any single factor, such as amount of alcohol consumed per day, has little diagnostic value in and of itself. Two discrete symptoms which are members of most subsets of alcohol-related problem arrays do tend, however, to reliably suggest alcoholism. They are: (a) the perception of loss of control and (b) receiving a clinical diagnosis of alcoholism (Vaillant, 1983).

The present study adheres to the following general definitions of alcoholism:

> (a) "Alcoholism is a disease when loss of voluntary control over alcohol consumption

> becomes a necessary and sufficient cause for much of an individual's social, psychological, and physical morbidity" (Vaillant, 1983, p. 44).
> (b) "The person with alcoholism cannot consistently predict on any drinking occasion the duration of the episode or the quantity that will be consumed" (National Council on Alcoholism, 1976, p. 764).

If we accept the premise that alcoholism consists of varying arrays of symptoms, we are next faced with the problem of how to identify this syndrome, that is, how to distinguish asymptomatic drinking from different degrees of problem drinking. Several methods of diagnosing or measuring alcoholism exist.

(a) Biological methods (Pattison & Kaufman, 1982).

It is assumed that some biological factors underlie the clinical phenomena of alcoholism. While there is much evidence to support these etiological theories, the measurement of causative biological markers has been relatively unsuccessful. The problems are twofold. First, at present, biological measures are indirect and tend to assess physiological consequences rather than antecedents of alcoholic behavior. Second, individuals who have alcoholism syndromes but no physiological impairment will not be identified by these measures.

(b) Psychological methods (Pattison & Kaufman, 1982).

These measures assess personality and behavioral concomitants of alcoholism syndromes. Instruments may be indirect, focused on measuring traits, attitudes or behaviors that correlate with alcoholism syndromes, or more direct. An example of an indirect measure is the MacAndrew alcoholism scale derived from the MMPI (MacAndrew, 1965), which when administered alone, is of dubious utility in reliably diagnosing alcoholism (Pattison & Kaufman, 1982).

Direct measures are of greater utility and are generally self report scales which include "items directly referable to alcoholic behavior" (Pattison & Kaufman, 1982). The Problem Drinking Scale (Vaillant, 1980), the Cahalan Scale (Cahalan, 1970), the Michigan Alcoholism Screening Test (Selzer, 1971), and the Diagnostic and Statistical Manual III Scale of Alcohol Abuse and Dependence (American Psychiatric Association, 1980) all consist of similar lists of symptoms which when clustered together implicate alcoholism. Each of these above mentioned instruments has proven to be highly correlated with the other alcohol abuse indices (Vaillant, 1983).

The proposed study used the Michigan Alcoholism Screening Test (MAST) to identify the presence or absence of alcoholism syndromes in subjects. The MAST is

described in greater detail in the method section.

(c) Multivariate methods (Pattison & Kaufman, 1982).

These measures involve "multiple types of data collection, which may be subjected to several types of data analysis, yielding different diagnostic decision sets" (Pattison & Kaufman, 1982, p. 16). Clearly, multivariate assessments are the most complex of the three forms of alcoholism measures. No one entity is being measured; rather, it is assumed that social-behavioral-physiological phenomena cohere into a global construct, which becomes the target of extensive evaluation. Construct evaluation-type studies defy careful experimental control and are usually longitudinal in design (Pattison & Kaufman, 1982).

In summary, it may be stated that alcoholism is a complex disorder which is expressed in a variety of ways but which nevertheless remains a unitary syndrome. The term "alcoholism," while used to refer to various symptoms and episodic behaviors, is not too vague to have meaning. Just as alcoholism syndromes defy simple explanations, so do etiological factors. The next section will review the etiology of alcoholism and attempt to clarify causative factors which seem to be of particular significance.

The Etiology of Alcoholism

The etiology of alcoholism is difficult to specify. Long-accepted research evidence has recently come into question, and what was once accepted as experimental truth is now viewed as illusion (Vaillant, 1983). Simplistic explanations, such as the suggestion that alcoholism is a symptom of an underlying anxiety disorder, have been refuted and replaced with more multifactorial ones. Variables appear to have etiological import in association with other relevant variables; the extent to which any particular variable can predict alcoholism still remains highly controversial. Vaillant (1983) maintains that, "in the causation (and the treatment) of alcoholism, biology, psychology, sociology, and economics are inextricably entwined" (p. 101).

Numerous studies have been conducted in an attempt to tease out the effects of nature and nurture upon the subsequent development of alcoholism. Prospective research tends to highlight the etiological complexity of the issue but is inherently difficult to execute (Vaillant, 1983). The vastly more common type of study, a retrospective design, relies upon subjects' recollections of symptoms and conditions which may be vulnerable to distortion. In retrospective research, it is difficult to

separate out causative from consequential factors since an alcoholic undergoes many psychological, biological, and social changes as his disease progresses (Vaillant, 1983). These studies do however, have value. A specific etiological variable may be examined in depth when using a retrospective design.

Which etiological factors affect the probability that an individual will become alcoholic? The following section delineates and discusses salient causative factors.

Cultural Influences

Societies outline restrictions and reasons for alcohol use. In most instances, "proscriptions against alcohol use have rarely been as effective as social prescriptions for alcohol use" (Vaillant, 1983, p. 58). In general, culture inculcates in its citizens rules about how and how much to drink. Cultures that ritualize alcohol consumption and teach children to drink responsibly have lower rates of alcoholism than do societies that prohibit alcohol use entirely (Heath, 1975).

Similarly, cultures socialize individuals about the acceptability of drunken behavior. Heath (1975) compared the higher incidence of alcoholism in France to that in Italy. In both countries, adults teach children to imbibe

responsibly; in France, however, public drunkenness is a highly acceptable and even an esteemed behavior. Other studies too suggest a strong relationship between culturally sanctioned drunkenness and alcoholism rates. In Vaillant's (1983) prospective study, the incidence of alcohol dependence amongst 71 core city men from Boston, breaks down in the following way: 28% were of Irish descent, 27% were Old American, 25% were Northern European, 23% were French Canadian, 23% were English or Anglo-Canadian, and 8% were Southern European or Mediterranean. No alcoholism was reported in Jewish or Chinese subjects. Stivers (1976) corroborates Vaillant's findings and examined drinking practices in Ireland. Irish children are not taught responsible drinking practices, and drunkenness is praiseworthy among men. Drinking frequently occurs in pubs, not at home, is not associated with food consumption, and usually consists of the consumption of high proof whiskey rather than beer or wine.

Genetic Theory

Vaillant (1983) suggests that:

> "at the present time, a conservative view of the role of genetic factors in alcoholism seems appropriate. Like cultural susceptibility, genetic susceptibility to alcoholism is but one

> of many risk factors and is most likely polygenic. Contrary to the assertion that alcoholics are sensitive or 'allergic' to alcohol, the truth may be that (for polygenic reasons) many prealcoholics are less sensitive to alcohol than their social-drinking counterparts. That is, the person genetically at risk for alcoholism may be the individual with a 'hollow leg'; the one who can drink his friends under the table without vomiting, losing his coordination, or suffering a hangover the next morning" (p. 70).

In closely examining his core city sample of early onset alcoholics, he attributed the syndrome more to family breakdown and number of antisocial relatives than to number of alcoholic relatives or ethnicity.

Others take a more radical view regarding the importance of genetics and alcoholism (Cloninger, Bohman & Sigurdsson, 1981; Goodwin, 1979). These researchers advocate that there are two distinct types of alcohol dependence. "Familial alcoholism" is of pure genetic etiology, has its onset at an earlier age, is more "malignant", and has a poorer prognosis for recovery. "Acquired alcoholism" is not genetically based and is comparatively more benign.

Most probably, the presence of alcoholic parents or ancestors does contribute to the risk for alcoholism in their offspring. Twin studies tend to support this hypothesis (Goodwin, 1979; Goodwin, Schulsinger, Hermansen, Guze, & Winokur, 1973; Schuckit, Goodwin, &

Winokur, 1972). First, results indicate a greater concordance rate for alcohol dependency in identical rather than fraternal twins when both twins were raised in the same environment. Second, in more controlled adoption studies, there was a significantly greater risk for alcoholism in adoptees when a biological parent was alcoholic than when the foster parent abused alcohol.

Premorbid Personality Traits

Psycholanalytic thinking concerning alcoholism tends to overlook the chemically addictive properties of the substance and rather, focuses on the psychological makeup of the individual that is compelled to abuse it. The premorbid "alcoholic personality" is dominated by primitive oral needs, "a sexual longing, a need for security and a need for the maintainence of self-esteem simultaneously" (Fenichel, 1945, p. 376). Fenichel (1945) concludes that alcoholics attempt to satisfy these needs through substance abuse and in so doing derive fulfillment of certain oral frustrations originating in infancy and early childhood. The psychoanalytic view describes alcoholism as an impulse neurosis in which:

> "the reasons for reverting to alcohol are either the existence of external frustrations, that is,

> states of misery one would like to forget and to replace by pleasurable fantasies, or internal inhibitions, that is, states in which one dare not act against the superego without such artificial help; among these inhibitions, depressive inclinations are of the greatest importance" (Fenichel, 1945, p. 379).

Menninger (1938) stresses the role of anger, arising from parental frustration of early oral needs, in the development of the alcoholic personality. This anger, along with resultant, guilt, and self-punishing tendencies, predispose an individual to drink excessively. Alcohol thus serves several purposes for the alcoholic: "simple oral gratification, a means of self-punishment for anger against the parents, and a perpetuation of the original vengeful feelings against the parents" (Pringle, 1976, p. 5).

Fenichel (1945) discusses the critical relationship between alcoholism and manic-depressive states. Euphoria derived from alcohol is an artificially induced mania necessary to ward off depressive reactions. As his illness progresses, the addicted individual becomes entrenched in "objectless alternating states of elation and 'morning after' depression, which in the last analysis, correspond to the alternation of hunger and satiation in the mentally still undifferentiated infant" (p. 378).

Rado (1957) concurs with Fenichel and identifies a preparedness and active searching for alcohol-induced pleasure states in alcoholic personalities. He explains that this "group of human beings ... responds to frustration in life with a special type of emotional alteration, which might be designated tense depression ... marked by great painful tension and at the same time by a high degree of intolerance to pain" (p. 169). The experience of tense depression is met with active alcohol-seeking behavior and the euphoric effects of alcohol ingestion -- heightened affect and elevation of self-esteem -- are viewed as changes that are brought about by the ego itself.

Psychoanalytic theory provides valuable descriptive accounts of the alcoholic's motivation once he has progressed to more advanced stages of the disease. This school of thought has, however, met with much opposition concerning the genesis of alcoholism. Many prospective studies have enabled researchers to seriously question the existence of a premorbid "alcoholic personality" and ponder the alternative, that "alcoholic personalities" are secondary to the disorder itself (Vaillant, 1983). These studies conclude that alcohol abuse interferes with personality stability (Goodwin & Erickson, 1979; Marlatt, Kosturn, & Lang, 1975; Vaillant, 1983) and that excessive

alcohol ingestion increases anxiety levels, deepens depressive states and results in sociopathic-like behavior. When it comes to investigating premorbid versus resultant personality characteristics, the real issue seems to lie in the integrity of the diagnosis -- is an individual primarily alcoholic or primarily sociopathic/ depressed/anxious?

Social Learning Theory

Social learning theory attempts to explain the genesis of alcoholism by focusing upon ways in which there is a tendency for an individual to match attitudinal and behavioral characteristics with those of his real or symbolic models. Emphasis is placed on an individual's "modelling experiences" or systems of critical interactions with others that affect the development of cognitions, attitudes, problem-solving strategies, and perceptions of reality (Pringle, 1976). In the case of the children of alcoholics literature, the importance of social learning within the family is stressed. The processes of modelling or imitative learning, and parental identification (including introjection and incorporation) are viewed as integral to social learning, and are terms that are often interchangeably used.

Family Environment

There is an abundance of literature that relates the quality of family environment to both alcoholism and teetotaling in offspring. Studies have been conducted in situations with and without alcoholic parents. Schilder's (1940) description is typical of most findings: "the chronic alcoholic person is one who from his earliest childhood on has lived in a state of insecurity" (p. 290).

Retrospective and prospective studies concur and characterize alcoholics' childhoods in rather consistent ways (Barry, 1974; Haberman, 1966; McCord & McCord, 1960; Robins, 1966). Family life is typically unstable, parental relationships are disharmonious and frequently end in divorce, discipline is inconsistent, and the father, more likely than the mother, is irresponsible and unpredictable. Poor childhood adjustment is also noted in those who later became alcohol dependent. Vaillant (1983) identifies the above mentioned childhood weaknesses in many of his core city subjects. He stresses, however, that the presence of strengths rather than weaknesses correlates most highly with "adult outcome."

Children of alcoholics, regardless of their eventual drinking styles as adults, are reared in malfunctioning family systems in which "long-term family goals are eclipsed by the overriding problem of the bottle"

(Pringle, 1976, p. 18). The cumulative crisis of alcoholism in a parent results in a situation in which everybody loses especially the children (Jackson, 1962). Yet some children of alcoholics manage to cope with the stresses of an alcoholic family environment and emerge relatively unscathed. Identification of these "survivors" as well as the less fortunate "victims" suggests that an alcoholic family environment is not a unitary entity, but rather a complex of various types of family systems. This research seeks to gain a greater understanding of both the complexities and the common denominators among alcoholic family environments.

Alcoholism and Families

The Alcoholic System

Many investigators outline salient characteristics of families with parental alcoholism (Ackerman, 1983; Black, 1981; Cork, 1969; Deutsch, 1982; Elkin, 1984; Hastings & Typpo, 1984; Meryman, 1984; Weyscheider, 1981; Woititz, 1983). In a key article on family dynamics, Steinglass (1980) integrates many observations, and offers a conceptual model that views alcoholism from a family perspective. He describes an "alcoholic system" as "an interactive system in which alcohol use might come to play such a critical role in day-to-day behavior as to become a central organizing principle around which patterns of interactional behavior might be shaped" (p. 213). A family responds to chronic alcoholism in one of its members in highly predictable ways so that two truly distinct patterns of behavior come to evolve. One interactional state is associated with the active intoxication of the alcoholic ("wet phase"), while another is associated with his sobriety ("dry phase"). Steinglass proposes that stereotypic "intoxicated interactional behaviors" serve tension-reducing functions for the family and are thus in a sense as habitual as the alcohol

consumption itself. These behaviors aim to restore stability, reduce uncertainty, and solve problems for the family when the alcoholic is least predictable.

Steinglass also incorporates a developmental perspective into his family systems model. An alcoholic family progresses through a sequence of stages or a life cycle comparable to any other family but additionally, proceeds through identifiable phases in its adjustment to alcoholism. In the "early marriage" phase then, the instability of having an "alcoholic family member" gives way to its being an "alcoholic family." Alcohol use becomes integral to family work patterns, recreation, child rearing practices and interpersonal interactions, and an overall homeostasis or stable pattern of daily family life is achieved.

A family next enters the "mid-life plateau" phase which is characterized by relative stability. Already established "wet" and "dry" interactional patterns are enacted as the family reacts to the alcoholic's behavior and to intervening life stresses that impinge upon the system. If stresses overtax the family system, an unstable period ensues and is followed by either family disintegration or adaptation and renewed stability.

Finally, the alcoholic family moves into the "late resolution" phase in which four types of solutions to the

alcoholism may occur. The "stable wet alcoholic family" continues to interact as it did during midlife; the "stable dry alcoholic family" becomes abstinent and restructured, but is still largely organized around alcohol (i.e. avoiding alcohol consumption, attending AA and ALANON meetings, etc.); "the stable dry nonalcoholic family" also becomes abstinent, but is no longer viewed as an alcoholic system because of the physical and subjective absence of alcohol from the home; and, the "stable controlled-drinking non-alcoholic family" functions similarly to families with social drinkers.

In summary, then, the most striking feature of an alcoholic system is the overriding effect of the alcoholic's behaviors on other family members and on the determination of the nature of the system as a whole. This is not to suggest that these other family members simply react to the alcoholic. Rather, they occupy "co-alcoholic" roles (Whitfield, 1984) and work to maintain the stability of this far from ideal system.

Characteristics of an Alcoholic System

Alcoholic families are strikingly similar in significant ways. As mentioned in the previous section, alcohol is central to the functioning of the family (Deutsch, 1982). Either consciously or unconsciously,

family members direct their energies towards maintaining the status quo or the relative stability of the alcoholic system. Unspoken family rules govern interactions and insure the perpetuation of myths regarding the family. Children come to abide by three overwhelming mandates that pervade all family functioning: don't talk, don't trust, and don't feel (Black, 1982). Whitfield (1984) contends that all family members enable the alcoholic to continue drinking. "Enablers" permit the alcoholic from facing the reality of his disease and protect him from the negative consequences that accompany continued abuse. Whitfield (1984) states that

> "the moderately to severely impaired enabling person can be viewed as having his own addiction or compulsive behavior, i.e. trying to control the alcoholic's drinking behavior or its consequences. Usually these attempts to protect, control, and change the alcoholic are unsuccessful. Paradoxically, as the alcoholic gradually loses control and power over drinking and life, he wields more destructive power over family and friends. There is a gradual loss of individuation by each family member, which is replaced by what Minuchin calls enmeshment of the family, or some families may drift apart (disengagement)" (p. 18).

Spouses and children alike function in enabling roles, roles which will be described in a subsequent section.

The alcoholic system, while stable in its patterns of

interactions, revolves around the unpredictability of the alcoholic himself. The alcoholic parent may at any time behave like Dr. Jekyll or Mr. Hyde; he may show mercurial changes when intoxicated or sober and "swing between love, guilt, contrition, and good intentions, on the one hand, and barely disguised indifference or manifest anger on the other. In a real sense, everything else in his life is an interference, interruption, distraction or criticism of the main event for the alcoholic: his love affair with the bottle" (Deutsch, 1982, p. 41). Children of alcoholics faced with the inconsistencies of the alcoholic parent, grow up in an atmosphere of insecurity, fear, mistrust and often neglect (Black, 1981; Deutsch, 1982).

As alcoholism progresses in a parent, family members learn to suppress impulses of anger, hatred, and blame and construct behavioral and psychological defenses to cover these painful feelings (Deutsch, 1982). Enablers deny the severity of the problem and often attempt to maintain the idealized image of the alcoholic parent. Guilt and shame are acutely experienced by all family members. Children ultimately learn to act and behave in ways which are most complimentary to the behaviors of other family members and most conducive to the maintainence of the entire system.

In general, "the disruptions and disturbances common in an alcoholic family are not conducive to the

development of any sense of emotional stability in a good number of children of alcoholics" (Chafetz, 1979, p. 25). Moos and Moos (1981) studied alcoholic families using the Family Environment Scale and characterized them as below average on scores of Cohesion, Expressiveness, Independence, Intellectual-Cultural Orientation and Active-Recreational Orientation. These families had elevated Conflict scores and tended to rear children who complained of more anxiety, depression and somatic symptoms. Children of alcoholics also exhibited more academic problems and lower self esteem than children from nonalcoholic environments (Moos & Billings, 1981).

Family Roles

The presence of an alcoholic parent within a household affects children in different ways. Mediating social and psychological forces determine any child's particular role or "sets of duties and rights that he is expected to enact on the basis of his position in the system" (Nardi, 1981, p. 239). These behavioral expectations are influenced by factors such as the child's gender, birth order, age, and personality predisposition, and the family's developmental phase, ethnic customs and social class. Roles remain stable until major changes in the definition of the family

system occur. The course of the parent's alcoholism may thus cause role modifications, leaving children confused and uncertain about familial expectations (Nardi, 1981).

There are four primary roles that may be adopted by children of alcoholics (Deutsch, 1982; Wegscheider, 1979). Each role tends to encompass unique behavioral and defensive styles so that as the child grows into adulthood, "roles and self become merged... and the adult creates or surrounds himself with a reality that requires and reinforces the same role" (Deutsch, 1982, p. 57). Roles tend to be largely determined by a child's birth order, although clearly, many factors converge and influence the division of roles within the alcoholic system (Deutsch, 1982).

The Family Hero. Probably the oldest child, this family member is often dubbed "super kid" or "goody two shoes." He achieves success at home and at school and quickly gains the reputation of being responsible, competent and independent. This individual needs to feel in control and reacts fearfully to any signs of personal weakness or failure. As the family hero ages, he may experience interpersonal difficulties and excessive anxiety about everyday responsibilities. His perfectionism predisposes him to developing workaholism

and adult-onset rather than adolescent-onset alcohol dependence, although problems can be averted because of his many strengths. The family hero serves an invaluable function for the family -- his apparent success obscures problems created by the alcoholic and lends the family hope for its future.

The Scapegoat. A scapegoat tends to behave in antisocial ways and unites the family through his failure. This individual cannot compete with the exemplary performance of the oldest child and so he attains visibility by becoming a "troublemaker." His unconscious identification with the alcoholic father is powerful although his overt actions appear rebellious and disdainful. The scapegoat is often labeled as the identified patient within the family, and in a sense, he has sacrificed his potential for success by acting out and assuming the role of the failure. Within this role, the scapegoat defies authority figures and abuses drugs and alcohol, and in general expresses the rage, frustration and disappointment that other family members have repressed. The scapegoat has begun on a crash course towards self destruction at an early age. Without help or major family system modifications, this individual is at high risk for developing chronic alcoholism.

The Lost Child. This middle-born child enters a family system that has become overwhelmed by strong personalities and stress. Any way in which he might stand out would exacerbate the delicate balance that's been established. The lost child instead serves to ameliorate the family situation by remaining withdrawn; he seeks little attention and avoids creating new pressures or conflicts. Isolated and unnoticed, this child expresses the despair and depression which has overcome the household containing an advanced-stage alcoholic. Because he has learned to successfully remove himself from center stage in his family of origin, the lost child may be less at risk for developing alcoholism in adulthood.

The Mascot. In this prototypical family with four offspring, the last-born or "baby" arrives when the family knows it has severe problems. The mascot enables the family to direct its energies away from its difficulties and onto the "little one" who is viewed as fragile, immature, and in need of protection. The mascot becomes the individual who relieves intensity and conflict and dispels tensions within the home. He frequently learns to use humor and comic relief to preempt stressful situations. The mascot is often ill-equipped as he grows into adulthood. He tends to be highly anxious,

high-strung, and prone to abuse drugs and alcohol.

Susceptibility to Alcohol Dependence

If a child were to be raised in a typical alcoholic system, what factors would contribute to the likelihood of his becoming alcohol dependent? Clearly, there are no exact formulas concerning family environment that can be used to predict a child's potential demise or survival. Several variables, however, are considered significant and worthy of mention.

The child's position in the family seems to affect his vulnerability. The scapegoat, followed by the lost child and then the eldest child or hero, appear to be most adversely affected by parental alcoholism in that order (Chafetz, 1979). The hero strives to maintain his stature but may succumb to its inherent pressures. He may abuse alcohol, but would more likely seek out relationships that replicate earlier ones in which he served as caretaker. The scapegoat, as mentioned above, develops overt problems at an early age. Without special attention, these problems will become magnified and almost inevitably result in chronic substance abuse. Finally, an only child within an alcoholic system appears to be vulnerable for developing alcohol dependence (Chafetz, 1979). This child

must endure parental alcoholism alone. He is frequently called upon to fulfill multiple roles within the family of origin and is most prone to depression and role confusion.

A child's age at the onset of parental alcoholism is another significant factor that may influence his chances for normal development. Chafetz (1979) contends that the younger the child, the greater the detrimental effects of parental alcoholism. Other studies do not uphold this finding and suggest that there are specific critical periods of heightened susceptibility to parental drinking. These periods coincide with young childhood (ages 6 to 7), early adolescence and later adolescence (Bosma, 1975). All of these time periods represent phases of physical disengagement and increased separation from the family of origin. Without stability at home, normal individuation tends to be hampered.

The final two factors that seem to have bearing upon a child's predisposition for future substance abuse are his perceptions of his family system and his ancillary support network. Children of alcoholics can adapt to an objectively negative family situation in a variety of ways. Positive adaptations facilitate the development of healthy coping skills and are more likely to occur in children who feel a sense of control within their homes. Conversely, if a child perceives his environment as

detrimental, and if he has a subjective sense of helplessness, his susceptibility for alcohol-related problems is greater (Ackerman, 1983; Worder, 1984). Some children of alcoholics seek support and assistance outside their homes. Using this compensatory strategy, the child replaces chronically inadequate parents with surrogates who are able to fulfill his needs. Parental surrogates may be an older sibling, a grandparent or a neighbor, but in general a figure who will listen to, accept and protect the child in need (Perrin, 1983).

Alcoholism and Attribution Theory

There is an abundance of studies in the alcoholism literature that focus on typical attributional styles of alcoholics (Butts & Chotlos, 1973; Hinrichsen, 1976; Hopper, 1974; Jones & Berglas, 1978; Naditch, 1975; Obitz, 1978; Prewett & Spence, 1981). While exceptions exist, most studies are concerned with locus of control of the alcoholic, that is, the "expectation that one's behavior will be controlled by forces within (internal) or outside (external) the person" (Butts & Chotlos, 1973, p. 1327). This literature has yielded conflicting results, and has variably suggested that alcoholics might attribute responsibility for outcomes of their behavior to themselves or to their environment (Hinrichsen, 1976). Furthermore, no studies emphasize generality and stability, two additional and refined dimensions of attributions that alcoholics may make. The present study examined all three dimensions of attributions in alcoholic and nonalcoholic adult-children of alcoholics. In an effort to better understand attribution theory, this section reviews the following topics: (a) the nature of attributions; (b) the motivation for attributions; (c) alcoholics and attributional activity; and (d) a hypothetical example of formal characteristics of

attribution.

The Nature of Attributions

Attribution theory maintains that people attempt to achieve greater understanding of their environment by ascribing causal explanations to events. According to this model, individuals infer causes for events in accordance with their information base, beliefs, and motivations (Harvey & Weary, 1984). Heider (1976) describes that "attribution is part of our cognition of the environment. Whenever you cognize your environment you will find attribution occurring" (p. 18). Man is therefore viewed as one who asks "why" questions and strives to make meaning out of his experiences; he actively processes both environmental and subjective events.

Work concerning attributional activity extends beyond the notion that individuals cognize their experiences. The attributor is not just "lost in thought", but rather, he is affected by his explanations. Attributions influence a person's future actions and in general "play an important role in providing the impetus to action and decisions among alternative courses of action" (Kelley, 1973, p. 127). There are thus behavioral, cognitive, motivational and emotional consequences to attributional

activity (Abramson, Seligman & Teasdale, 1978; Harvey & Weary, 1984). It can be said that an individual's "attributional style", (habitual explanatory mode), impacts upon his future causal explanations and behavioral outcomes (Peterson & Seligman, 1984).

In their study of the learned helplessness hypothesis, Abramson, Seligman and Teasdale (1978) criticized the old formulation and offered a revised framework for helplessness and attribution theory in general. They were concerned with an inadequacy of the old model: helpless states, responses to uncontrollable events, were observed to vary in severity, and at times be "trivial" while at other times be "devestating." Describing one aspect of attributions, internality versus externality, was not sufficient to explain this effect. The old helplessness hypothesis failed "to specify where and when a person who expects outcomes to be uncontrollable will show deficits" (Abramson et. al., 1978, p. 55). The reformulated model accounts for this variance by proposing that three dimensions of attributions exist and that each has bearing on the experienced consequences of an uncontrollable event.

Causal explanations may be <u>internal</u> or <u>external</u> in nature. Internality suggests that a perceived "cause implicates something characteristic about the attributor"

while externality tends to imply that "situational characteristics or chance would lead to the event being explained for most people placed in the situation" (Peterson & Seligman, 1984). The second relevant attributional dimension is stability versus instability. Stable explanations persist over time while unstable ones are time-limited or transient. The third and final dimension that is proposed in the reformulated hypothesis is generality (globality) versus specificity. This dimension "reflects the degree to which the cause affects a variety of domains and outcomes or is highly limited" (Peterson & Seligman, 1984, pp. 12-13). Stability and generality overlap, but the former pertains to consistency over time while the latter refers to consistency across situations. Using this reformulated attributional framework, Abramson et. al. found that depressed or helpless individuals explained negative events in more internal, stable and global ways than did their nondepressed counterparts.

The revised helplessness/attributional framework may be summarized as follows.

> "The reformulation of the learned helplessness model accords central status to causal explanations and explanatory style. The reformulated model proposes that causal beliefs affect the nature of helplessness following uncontrollable events. As such, they allow prediction of a potent psychological state, one that may underlie failure, depression, illness

> and disease, and even death" (Peterson & Seligman, 1984, p. 3).

Motivation for Attributions

As stated above, attributions aid in an individual's understanding of his environment. Attributional theory maintains that attributional activity naturally occurs because of man's desire for control. Experiences with loss of control may therefore spontaneously trigger increased attributional activity (Pittman & Pittman, 1980). Ascribing causal explanations to another person's actions is also more likely to occur when the target person is perceived as controlling the attributor's rewards and punishments (Berscheid, Graziano, Monson & Dermer, 1976).

Attributional activity may help an individual to sustain, enhance or protect his self-esteem. Attributions may be self-serving or ego-defensive and in general, there is a "tendency for individuals to accept more causal responsibility for their positive outcomes than for their negative outcomes" (Harvey & Weary, 1984, p. 439).

Finally, attributional processes may be instigated by "expectancy disconfirmation" and "direct attributional questions" (Harvey & Weary, 1984). In the case of the former, an individual is increasingly likely to search for

an explanation as an event becomes more deviant from that which was expected. Multiple and complex "attributional searches" may follow extremely discrepant events (Kelley, 1972). Otherwise absent attributional activity can also occur in response to questions that solicit explanations (Enzle & Schopflocher, 1978). Attributional activity is believed, however, to be natural and spontaneous when events are of relevance and significance to an individual.

Alcoholics and Attributional Activity

Research concerning the attributional activity of alcoholics has tended to evolve in two major directions. Most studies focus on identifying a particular attributional style of alcoholics, and as mentioned above, utilize locus of control as the dependent measure. A few other research endeavors examine recovered alcoholics and in particular, delineate cognitive processes that are associated with "spontaneous" recovery from alcoholism. These later studies generally outline reasons and explanations for abstinence but do not make explicit use of the three above mentioned attributional dimensions.

Studies pertaining to the locus of control among alcoholics have yielded mixed findings. Researchers set forth to test what had been accepted as fact: alcoholics could not voluntarily control alcohol use and would tend

to differ predictably from nonalcoholics in both their real and perceived sense of control of their behavior. Since alcohol dependence corresponded with poor self control, it was hypothesized that alcoholics would manifest an external locus of control (Naditch, 1975). Some research upheld this hypothesis (Butts & Chotlos, 1973; Naditch, 1975; Nowicki & Hopper, 1974; and Prewitt & Spence, 1981) while other studies suggested that alcoholics were internal relative to Rotter's (1966) norms and more internal than a nonalcoholic control group (Goss & Morosko, 1970; Gozali & Sloan, 1971; O'Leary, Donovan & Hague, 1974 and Oziel, Obitz & Keyson, 1972). If taken as a whole, these studies suggest that alcoholics do not manifest pronounced externality and may even evidence internality.

Hinrichsen (1976) has been concerned with these conflicting results and points to problems that pervade the studies. To begin with, many studies supporting internality in alcoholics have methodological flaws. While these particular studies claim to be well-controlled, the nonalcoholic control groups were often not matched with the experimental group on important demographic variables (age, SES, ethnicity) which are hypothesized to affect locus of control. Both sets of studies suffer from other more conceptual problems. Some

of the research failed to control for treatment effects, and may thereby have been assessing therapeutically-induced shifts, usually towards internality. Other studies may have obtained false external results due to the impact of the "man is powerless" philosophy of Alcoholics Anonymous on the alcoholic subjects. Finally, because of biases that are inherent in any study using self report measures, results might be distorted. Subjects may respond in "defensively external" ways in an attempt to rationalize or disown their actions. Conversely, responses may be "defensively internal"; alcoholics can maintain "an illusion of control over their drinking in order to avoid a real discrepancy between their professed behavioral control capabilities and behavioral evidence to the contrary" (Hinrichsen, 1976, p. 914).

Studies pertaining to recovered alcoholics and their explanations for spontaneous abstinence are less numerous and systematic than the locus of control work. These studies tend to be more qualitative in nature and based on attributional theory although these concepts are not explicitly used. In general, findings suggest that a progression from a "problem to nonproblem status" follows a typical course (Tuchfeld, 1981). Initially, there is some recognition that alcohol consumption is a problem

over which one experiences little internal control. Next, some "external" uncontrollable environmental event occurs (i.e. religious holiday, direct intervention of family member, alcohol-related death of a significant other, alcohol-related legal problem, personal illness, extraordinary event such as an attempted suicide or identity crisis, etc.) and "activates" an individual to make an "internal psychological commitment" to stop drinking. Finally, the individual comes to attribute abstinence to internal factors; he actively seeks out social supports that will reinforce his new-found lifestyle (Ludwig, 1972; Ludwig, 1985; Tuchfeld, 1981). While these studies do not address the issue, it would be logical to assume that there is a set of predictable cognitive processes and attributions that accompanies the transition from a nonproblem to a problem drinking status.

To summarize the relevant literature, several major points may be made about the nature of attributional activity among alcoholics:

(a) Alcoholics think about their behaviors and make attributions about causality.

(b) These attributions have an impact upon an alcoholics' future behaviors and cognitions.

(c) Alcoholics' attributions can and do change in response to both internal and external events. There is

evidence that attributional change occurs in response to treatment ("treatment-exposure hypothesis"; Obitz & Oziel, 1978).

(d) Studies inconsistently point to both internality and externality among alcoholics. There is a paucity of literature concerning alcoholism and all three attributional dimensions.

A Hypothetical Example

The reformulated attribution theory proposes that there are three formal characteristics of attributions. If we consider an alcoholic who is undergoing treatment, he may make eight kinds of attributions about the causes of his problem drinking. Each attribution could be represented by a cell in the internal-external x stable-unstable x global-specific matrix which describes all possible formal characteristics of an attribution (Abramson et. al., 1978). Each of the eight attributions has very different implications about an alcoholic's beliefs regarding his disease and possibly about his receptivity to treatment.

Table 1, based on Abramson et. al. (1978), delineates the eight formal types of an attribution along with an illustrative quotation for each category. According to

TABLE 1. Hypothetical Example of Formal Characteristics of Attribution

Dimension	Internal		External	
	Stable	Unstable	Stable	Unstable
Global	"I drink because I have problems relating to others."	"I drink because I can't deal with people these days."	"Relationships drive you to drink."	"There are periods in relationships that drive you to drink."
Specific	"I drink because I have problems relating to my wife."	"I drink because I feel rejected by my wife these days."	"My wife drives me to drink."	"My wife can get into moods that drive me to drink."

this model, if the alcoholic makes internal attributions (i.e. believes that the problem drinking stems from internal deficits), he is more likely to suffer self-esteem injury than the person giving external explanations. In a parallel manner, if an alcoholic makes a global attribution (i.e. believes that problem drinking is cross situational), his problem will seem far-reaching and "imply to the individual that when he confronts new situations the outcome will again be independent of his responses" (Abramson et. al., 1978, p. 57). Finally, the alcoholic may make four types of stable attributions (i.e. he believes that problem drinking is pervasive over time). In these instances, "chronic deficits might ensue ... because [attributions to stable factors] imply to the individual that he will lack the controlling response in the future as well as now" (Abramson et. al., 1978, p. 58).

Adaptation to Alcoholic Family Environments

Much study is concerned with the impact of parental alcoholism on the psychological and physical well-being of offspring. By far, most research concentrates upon the ill-effects of the problem, indicating that children of alcoholics are at risk for a wide variety of physical, psychological and social disabilities as well as an increased rate for developing alcoholism (Cotton, 1979; El-Guebaly and Offord, 1977).

Characteristics of the alcoholic family environment have been related to general emotional disturbances among children. Character disorders, sociopathic behavior, problems in school and with law enforcement agencies, impaired interpersonal relationships, low self-esteem and mood disorders have all been identified as detrimental outcomes of parental alcoholism (Kearney and Taylor, 1969; Haberman, 1966; Booz-Allen and Hamilton, 1974). These investigations point to the damage that these environments produce, and view offspring as highly vulnerable to psychological disorders.

A select few papers argue that the extent of vulnerability among children of alcoholics has not yet been determined. It is contended that methodological problems with research have resulted in biases which

overpredict offspring risk (Heller, Sher and Benson, 1982) and that "invulnerable" or "competent" children who have escaped the injurious consequences of alcoholism have been overlooked (Keane, 1983; El-Guebaly and Offord, 1979). These children do not appear to manifest increased vulnerability to the disorders mentioned above, nor do they become alcoholic as adults. It is of obvious importance to identify and understand those children who have become casualities of parental alcoholism, and of equal significance to study those who have survived it. In general then, "knowledge of the sources of strength and support of these invulnerable children would contribute to an understanding of the derivatives of vulnerability, that is, the important strengths and supports the disturbed child may not have, and would point to the therapeutic treatments and educational interventions to help those who are less fortunate" (Keane, 1983, p. 3).

Little information is available about the relative vulnerability of different children who were reared within alcoholic family environments. The major target population of vulnerability studies has been offspring of schizophrenic parents (El-Guebaly and Offord, 1979). It is from this research that conceptual approaches regarding a child's invulnerability to parents' psychosocial handicaps have been derived. In his work on invulnerable

children, Anthony (1974) reviews four approaches:

1) The invulnerable child merely lacks vulnerability and has benefitted from his "expectable" environment, positive physical health history, and helpful relationships with significant others. It is unlikely that children of alcoholics could be described in this way.
2) The invulnerable child has the capacity to adapt to particular environmental stressors but he is not resilient to unaccustomed events. This approach emphasizes the importance of external events in determining an individual's response.
3) The invulnerable child actively masters and copes with a range of environmental problems. He is capable of overcoming most forms of deprivation because he has chosen his own course of action and life roles. A child's innate potential is stressed within this approach.
4) A final approach links invulnerability with a child's ability to organize and make meaning out of environmental events thereby enabling him to act and react in purposeful ways. Significant others (i.e. the nonalcoholic parent) are thought to play a major role in aiding a child in his cognitive construction of a meaningful reality and in coping.

Returning more generally to the population of all children of alcoholics, it seems appropriate to adopt and apply a model which could account for the occurrence of both psychologically well-adjusted and psychologically ill-adjusted offspring. If we utilize a "life stress model" (Keane, 1983; Moos and Tsu, 1979) we can investigate the varying adaptive responses of children to the stress of having an alcoholic parent. Within this framework, it is assumed that "stress" refers to environmental events which impact upon the psychological adjustment of the child. The outcome of stressors upon individuals is not merely determined by the event and the immediate effect on a child, but rather it is "determined by mediating factors or mediating resources which the individual possesses which buffer or alleviate the impact of the stress event on the individual" (Keane, 1983, p. 4). The model adopted in this study then, most closely resembles the fourth approach to invulnerability and proposes that adjustment to stress is mediated by protective factors.

The model of adjustment to stress can be depicted as follows (see Figure 1). The stressful event in this study is alcoholism in the father and the resultant alcoholic family environment which ensues. The exact nature of the father's problem, the age of the child upon onset of

FIGURE 1. Conceptual Model of Children's Adjustment to the Stress of Parental Alcoholism

Stress Event	Mediating Factors	Outcome of Adjustment
Alcoholic Family Environment	Personal/Dispositional Factors	Presence or Absence of Alcoholism in Adult Children of Alcoholics
	General Perception of Alcoholic Family Environment	
	Cognitive Appraisal (Perceived Meaning of Parental Alcoholism)	
	Social/Interpersonal Factors	

parental drinking, and the degree to which the problem persists, all have direct bearing on the intensity of the stressful event. The rough criterion for adjustment used in the present study is the adult-child of an alcoholic's eventual drinking style. Clearly, however, this unitary criterion is simplistic and represents the outcome of a long series of complex adjustments made by the developing child. Protective factors which mediate stress events include: 1) personal or dispositional characteristics (i.e. intelligence, self-esteem, competence at school and with peers, previous coping experiences, etc.); 2) general perception of the alcoholic family environment; 3) cognitive appraisal of parental alcoholism (i.e., attributions and perceived meanings of parental alcoholism); and 4) social and interpersonal factors (i.e. social networks and supports). It is assumed that a child's adjustment is either helped or hampered by his relationships with others and that within the context of his support system, he comes to develop a cognitive appraisal of the environment. This appraisal, consisting of attributions and more general cognitive evaluations, is of greater importance than the objective reality of the stressful situation (Keane, 1983) and directly influences the child's emotional and behavioral reactions (Averill, Opton, and Lazarus, 1969).

In summary, an alcoholic parent helps to create a set of family circumstances which defines an alcoholic family environment. This system is significantly different from a family without an alcoholic member and subjects children of alcoholics to prolonged stress and frustration. According to a life stress model, children vary in their adaptation to these stresses, and some exhibit psychological or behavioral problems while others develop strengths. Mediating or protective factors help to determine the impact of stress upon an individual and his subsequent adjustment. For the present research, childhood competence, cognitive and perception factors, and social support variables were identified as critical mediators that influenced adjustment to stress.

Purpose of Study

> "My father was an alcoholic. I remember, as a boy, coming home from school and seeing either the living room or the dining room furniture thrown out on the driveway. It would startle me -- actually it would blow my mind. My first thought would be to get it back in the house before anyone else would see it. I, or we (my mom or brothers) would get it back into the house. I would feel slightly relieved. However, for several days, or maybe a week or two depending on the severity of the act, I would be caught up in the thought of what would happen next, such as would my dad give stuff of ours away to a stranger? And he did give away a lot of things we liked, like a pair of skis, a rifle and once the dog. He would tell us he hated us, or would call us worthless so-and-so's. I would always ponder those incidents; reflecting now, I spent years worrying about dad's well being, or how I could help him. Why did he do those things? What did I do? What did we do? What could I do to make him different? I went from a young boy to a young man with my thoughts, alone socially and mentally. I never got to know myself and I guess I still don't. I am still a loner, I don't know how to live, to have fun or enjoy life" (Black, 1981, p. 9).

When reared in an alcoholic home such as the one described above, some 50% of children of alcoholics come to abuse alcohol while the remainder learn to cope more satisfactorily. All of these children were exposed to the chaos and unpredictability that accompany life with an alcoholic parent. Only some are able to make healthy adaptations.

This study was designed to explore the differential

incidence of alcoholism among children of alcoholics and to compare alcoholic and nonalcoholic subgroups on aspects of their past and present adjustments. There was an overall attempt to shed light on a general question: What psychosocial factors mediate adjustment to the stress of parental alcoholism and contribute to or help prevent the progression of alcoholism from parent to child? Perceptions regarding families of origin, and personal/dispositional, cognitive, and social support factors were considered as significant mediators of adjustment to stress. Since alcoholism is more prevalent in males (76% of all alcoholics are men; NIAAA, 1974), alcoholic fathers and male offspring were investigated.

This report adhered to the premise that human beings strive to make meaning out of their life experiences, and consequently, engage in the perceptual and cognitive processing of events that are of relevance to them. People have distinct perceptions of their lives and seek explanations and causes for environmental happenings and behavior; their attributional activity is infused with cognitive, motivational and affective elements (Harvey & Weary, 1984). Attributions, general cognitive evaluations, and perceptions of life circumstances, reflect the subjective reality of an event and help determine the ways in which an individual adjusts to life

stresses. Subjective meanings of stress events may therefore override objective reality when looking at the nature of adaption to stress.

Children of alcoholics, the population of interest here, have a lot they need to process and explain. If we look only at households with alcoholic fathers, we are confronted with an array of parental behaviors that are inconsistent, lack clarity, and certainly cannot be understood in simple terms. Rather, children of alcoholics face ambiguity each day of their lives. They, more than children of non-alcoholic parents, lack a secure environment, and within this context, need to make meaning of their father's actions, including his drinking behavior. These children may be said to be extremely likely to think and make attributions about their father's drinking behaviors because in so doing, they are attempting to gain and perhaps are able to achieve some control over their unpredictable world. Ascribing attributions to the father's drinking may also serve the additional function of elevating the child's rather precarious sense of self-esteem. For instance, if a child attributes drinking behavior to the father's stresses at work, the child can attempt to escape the notion that either he or his father is to blame. In general, it may be surmised that children of alcoholics are highly

motivated to make attributions since: (a) attributional activity is "instigated by control motivation and increases following an experience of lack of control" (Harvey & Weary, 1984, p. 433); and (b) causal attributions for behavioral outcomes are self serving and ego defensive in that they enable an individual to take credit for good acts and deny blame for bad ones (Harvey & Weary, 1984).

As children of alcoholics develop through adolescence and into adulthood their drinking styles become solidified. In all too many cases, these children of alcoholics repeat family patterns by becoming alcoholic themselves. Regardless of their destiny, it is common for all of these children to have asserted, "it will never happen to me" (Black, 1981). Their sense of determination may persist or ultimately dwindle as the adult finds himself no longer able to deny what the reality of his life has become. In alcoholic and non-alcoholic children of alcoholics alike, explanatory attributions about their father's behaviors and now their own drinking styles continue to serve important functions. Attributions remain ego enhancing, augment one's sense of personal control, and in the case of children of alcoholics who have become alcoholic themselves, attributions serve to explain some cognitive discrepancies. These children of

alcoholics believed they would not repeat the painful and self-destructive behaviors of their fathers (Chafetz, 1979), so in becoming alcoholic, "expectancies are disconfirmed, and attributional search is promoted" (Harvey & Weary, 1984, p. 433).

This study examined the perceptions and attributions of adult-children of alcoholic fathers by analyzing male veterans' responses to open-ended interview questions. Interview questions solicited subjects' retrospective perceptions about their families of origin and personal and familial adaptations to life with an alcoholic parent.

Focusing on cognitive aspects of adult-children of alcoholics' experience has both theoretical and practical clinical import. If we view attributions as integrally related to past, present and future behavior (Kelley, 1972) and understand that the attributor is not simply "lost in thought," we can appreciate the impact of attributional activity upon the perpetuation of alcoholism. There is thus a very critical relationship between what one believes and what one does.

Finally, two other sets of factors which mediate adjustment to stress were examined. Social networks and social supports, which have recently been emphasized in the literature on stress and coping (Moos and Tsu, 1977),

appear to be critical in either facilitating or hindering positive adjustment. Adult children of alcoholics were questioned about their social support systems, and specifically about their relationships with the nonalcoholic spouse or a parent surrogate. Personal or dispositional factors were also investigated, since it is likely that they, in part, determine a child's vulnerability to the stresses of parental alcoholism.

This project addressed five major research questions:

(1) What differences, if any, exist between alcoholic and nonalcoholic veterans in their overall perceptions of their families of origin?

(2) What differences, if any, exist between alcoholic and nonalcoholic veterans in their subjective reports of personal competence and dispositional factors during childhood?

(3) What differences, if any, exist between alcoholic and nonalcoholic veterans in their subjective reports of childhood social networks and social support systems?

(4) What differences, if any, exist between attributions that alcoholic and nonalcoholic veterans make about their fathers' alcoholism and their own drinking styles?

(5) What thematic sub-categories, if any, exist that

further elucidate the three formal dimensions of attributions made by alcoholics and nonalcoholics?

Question 4 was addressed by rating veterans' causal explanations according to the CAVE technique (Content Analysis of Verbatim Explanations, Peterson & Seligman, 1984; see Method section). Regarding question 5, interview data yielded information about various sub-categories of the major attributional dimensions. Ludwig (1985) and Tuchfeld (1981) delineate many specific attributions that are offered by recovering alcoholics who spontaneously cease drinking. These include personal illness, religious conversion or experience, intervention by friends or family, extraordinary events such as personal humiliation or suicidal gestures, and alcohol-related death or illness of another person. Such specific explanations were generated in the present study. Finally, questions 1, 2, and 3 were all explored through interview and questionnaire items.

C H A P T E R II

METHOD

Subjects

Subjects were 2Ø male military veterans who were raised in homes where the father was alcoholic. Alcoholism has long been acknowledged to be a widespread problem within the military system, and it is estimated that the Veterans Administration gives 14% of inpatients a primary diagnosis of alcoholism (Boscarino, 198Ø). Since the V.A. has "the largest sample of alcoholic patients in the world accessible for long-term study, treatment and follow-up," veterans were recruited as subjects for this project (Baker, 1984, p. 266).

Data collection was undertaken in two phases. In the first phase, subjects were recruited, screened, and categorized into one of two groups. The recruitment and screening process was discontinued when 1Ø alcoholic and 1Ø nonalcoholic veterans qualified as subjects for each group. These veterans then went on to complete phase two of the study. One extra alcoholic subject qualified as a

participant for the study, completed both testing phases, but was later excluded because of overriding personal crises that were occurring at the time of testing.

Veterans were considered alcoholic and a subject for group one if they scored 5 or higher on the Michigan Alcoholism Screening Test (MAST; Selzer, 1971); a score of 3 or less was indicative of a nonalcoholism and group two status. Both groups of veterans were also selected according to their scores on the Children of Alcoholics Screening Test (CAST; Jones and Pilat, 1984/1985). All veterans were required to have scored 6 or higher on the CAST in order to proceed to phase two of the study. An attempt was made to form two groups that scored comparably on the CAST. Next, veterans were selected so that they would be similar in age and ranged from 20 to 45 years old. Finally, it was intended that selected participants be as homogeneous as possible in terms of socioeconomic level, with veterans occupying middle, lower-middle and lower strata.

Alcoholic veterans were voluntary inpatients in the Alcohol Dependence Treatment Program (ADTP) at the Veterans Administration Hospital in Leeds, Massachusetts and seeking help for alcohol-related problems. All had alcoholism as their primary clinical diagnosis, and were

participating in a 21 day treatment program that consisted of group and individual psychotherapy, AA meetings, and an alcohol education program. Seven alcoholic veterans were enrolled in their first formal inpatient treatment program, and 3 were beginning the program for a second time because of difficulties remaining sober outside of the treatment context. For these 3 veterans, first hospitalizations ended prematurely and first and second admissions were temporally close and fell within one year of one another.

Nonalcoholic veterans were recruited through staff newsletters at the V.A. Hospital in Leeds, and also through newspaper advertisements within the local community. Of the 10 nonalcoholic subjects, 5 learned of the study through V.A. advertising and occupied staff positions there, and 5 responded to local newspaper notices. All 10 veterans received ten dollars for their time. None of the nonalcoholics had any significant psychiatric history, nor had they ever received clinical diagnoses of alcoholism or drug addiction. Some of these subjects did, however, report undergoing short periods of occasional heavy drug or alcohol use, usually coinciding with late adolescence and service in the military. More will be said about nonalcoholics' drinking histories in the Results and Discussion section.

A further important consideration was that all subjects voluntarily chose to participate in this study. This self selection among inpatient-alcoholic and nonalcoholic participants, may indicate some need or readiness to discuss their experiences which is not reflective of adult children of alcoholics as a whole. Several subjects in both groups indicated that it has taken them time to become open about their childhood experiences; some said they would not have participated had their fathers still been alive; and others, once again from both groups, sought an opportunity to "get some therapy" regarding the long-term effects of their children of alcoholics' status.

Throughout the process of testing and interviewing, the privacy and well-being of the individual took precedence over any other investigative concerns. Each participant was informed of the nature and method of the study ahead of time and assured that his responses would remain confidential. Each alcoholic veteran also understood that participation in the research project would not in any way affect the nature of his current treatment, nor any future hospitalizations. At the time of completion of each testing session, individuals were invited to give feedback about the project. Without exception, subjects reported a decrease in distress

concerning their families of origin, and a sense of relief in recognizing that other adult children of alcoholics shared similar concerns.

Phase One: Screening

Procedure

Veterans were recruited at the ADTP unit or in the general community. Prior to their participation in phase one, they were informed of the nature and method of the study. Veterans then completed two questionnaires, test scores were derived, and the suitability for the participation in the remainder of the study was determined. Screening sessions consisted of the completion of the following scales.

Assessment instruments

(a) The Children of Alcoholics Screening Test (CAST; Jones and Pilat, 1984/85). The Children of Alcoholics Screening Test was developed to help identify latency-age, adolescent and adult children of alcoholics. It is a 30-item, forced-choice, self report scale that measures feelings, behaviors, experiences and perceptions related to parents' drinking behaviors. Test items were derived from clinical material obtained during group therapies and published case studies where the patients were diagnosed children of alcoholics.

The CAST assesses children of alcoholics and their:

> "1) emotional distress associated with a parent's alcohol use/misuse; 2) perception of drinking-related marital discord between parents; 3) attempts to control a parent's drinking; 4) efforts to escape from alcoholism; 5) exposure to drinking-related family violence; 6) tendencies to perceive parents as being alcoholic; and 7) desire for help" (Pilat and Jones, 1984/85, p. 28).

Varied applications of the CAST as well as reliability and validity data can be found in Pilat and Jones (1984/85).

(b) The Michigan Alcoholism Screening Test (MAST). Selzer (1971) devised this structured questionnaire to reliably detect the presence of alcoholism in the respondent. The scale consists of 25 "yes" - "no" items which are weighted according to their value in discriminating aspects of the alcoholism syndrome. Affirmative responses to three items ("Have you ever attended a meeting of Alcoholics Anonymous?"; "Have you ever gone to anyone for help about your drinking?"; and "Have you ever been in the hospital because of your drinking?") are considered diagnostic of alcoholism. A total score of 4 or less is indicative of no alcohol dependence, a score of 3 suggests alcoholism, and a score of 5 or greater is considered reflective of progressive alcoholism. Selzer validated the MAST by independently

assessing drinking-related medical, social and legal data among the initial groups of respondents.

Phase Two: Interview Session

Procedure

Ten alcoholic and 1Ø nonalcoholic veterans were selected for phase two of the study. These veterans were interviewed by the investigator at the Leeds V.A. Medical Center and when permitted, communications were audiotaped. Nine nonalcoholics and 8 alcoholics agreed to be audiotaped. Both groups of veterans next completed the Moos Family Environment Scale (Moos & Moos, 1974), and finally, they were encouraged to offer any feedback about the nature of the study.

Assessment Instruments.

(a) Semi-structured Interview. This instrument, devised for this study, was designed to gather relevant information concerning subjects' perceptions of their families of origin. The interview is subdivided into several general sections -- demographic information, family history, boyhood competence and personal drinking style. Particular questions explore family organization, family roles, father's drinking style, support systems and attributions about father's alcoholism and personal drinking style.

(b) The Family Environment Scale (FES). Moos and Moos (1974) developed the FES, one of nine perceived social climate scales, to assess the social-environmental characteristics of any family. Their work concerning the FES has focused on the social ecology of the family, the interaction between man and his environment. It involves the measurement of "objective physical characteristics of the environment as well as the short-term evolutionary and adaptive consequences of these surroundings" (Pringle, 1976, p. 38).

According to Moos and Moos, three major factors describe salient characteristics of the family and dsicriminate among environmental systems. These factors are measured by the Relationship dimension, the Personal Growth dimension, and the System Maintainence dimension on the FES.

The Relationship dimension "assesses the extent to which individuals are involved in the environment and the extent to which they support and help each other" (Moos and Moos, 1974, p. 657). This dimension is comprised of three subscales (Cohesiveness, Expressiveness and Conflict) which measure perceptions regarding family pride and a sense of belonging, open communication, and conflictual interactions. These subscales are more specifically described by Moos, Insel and Humphrey (1974):

1. Cohesiveness: The extent to which family members are concerned and committed to the family and the degree to which family members are helpful and supportive of each other.

2. Expressiveness: The extent to which family members are allowed and encouraged to act openly and to express their feelings directly.

3. Conflict: The extent to which open expression of anger and aggression and generally conflictual interactions are characteristic of the family (p. 4).

The Personal Growth dimension, or goal orientation, assesses the degree to which individuals are self-sufficient and assertive, and encouraged to develop. This dimension includes five subscales which Moos, Insel and Humphey (1974) define as follows:

4. Independence: The extent to which family members are encouraged to be assertive, self-sufficient, to make their own decisions and to think things out for themselves.

5. Achievement Orientation: The extent to which different types of activities (i.e., school and work) are cast into an achievement oriented or competitive framework.

6. Intellectual-Cultural Orientation: The extent to which the family is concerned about political, social, intellectual and cultural activities.

7. Active Recreational Orientation: The extent to which the family participates actively in various kinds of recreational and sporting activities.

8. Moral-Religious Emphasis: The extent to which the family actively discusses and emphasizes ethical and religious issues and values (p. 4).

The final factor on the FES is the System Maintainance

dimension which assesses the structure and organization of family. It also taps into amounts of interpersonal control that are exerted by family members. Subscales, once again defined by Moos, Insel and Humphey (1974), include:

9. Organization: Measures how important order and organization is in the family in terms of structuring the family activities, financial planning, and explicitness and clarity in regard to family rules and responsibilities.

10. Control: Assesses the extent to which the family is organized in a hierarchical manner, the rigidity of family rules and procedures and the extent to which family members order each other around (p. 4).

Moos, Insel, and Humphey (1974) have utilized the FES in investigating the differences between social climates of families who were rated either high or low in terms of alcohol consumption. Low drinking families perceived their social climates as more cohesive, expressive, organized, achievement-oriented and moral/religious, while high drinking families considered themselves more intellectual/cultural than their low scoring counterparts. It should be noted that this data was derived from families who were within the range of normal drinking and not diagnostically alcoholic.

Analysis

This study is exploratory in nature and oriented towards the discovery of differing trends in reports by alcoholic and nonalcoholic children of alcoholic fathers. There was no attempt to draw statistical inferences from data, but rather to delineate conceptually salient themes from the intensive interviews.

Initial screening of subjects was accomplished through the use of the Michigan Alcoholism Screening Test (Selzer, 1971) and the Children of Alcoholics Screening Test (Jones, 1982). Both tests were scored according to the criteria presented in the method section, and alcoholic and nonalcoholic children of alcoholics were selected on this basis.

Interview data were qualitatively analyzed. The two groups of subjects were generally compared on their overall types of adjustment to life with an alcoholic father. Differences were highlighted on such factors as role within family system, family composition, boyhood competence, ancillary support system, and age at onset of father's alcoholism.

Attributions regarding father's alcoholism and personal drinking style, also gleaned from the semi-structured interview, were preliminarily analyzed

according to the modified version of the CAVE technique (Content Analysis of Verbatim Explanations) developed by Peterson and Seligman (1984). Using this technique, causal explanations and a referrent event are extracted from the verbal reports of a respondent. In the case of this project, one would extract explanations about two particular events, father's and son's drinking behavior. Explanations are next collaterally rated by three judges according to the three formal dimensions of attribution; the judges then compared their ratings, and a consensual rating was developed. Judges were trained according to the guidelines presented in Peterson and Seligman.

Attributional data were further analyzed in terms of their thematic trends. Tuchfeld's (1981) work regarding recovery from alcoholism, described in the introduction section, exemplifies shifting attributions that may be made by an individual as he undergoes changes. Attributions may also belong to varying sub-categories of one of the three formal dimensions and thus differ in subtle ways. Once again, differences between alcoholic and nonalcoholic subjects were investigated.

Finally, the two subject groups were qualitatively compared on the Family Environment Scale results. This scale was scored and raw scores were converted into standard scores according to the instructions provided in

the Family Environment Scale Manual (Moos & Moos, 1974). From these data, individual profiles, representing overall family atmosphere descriptions, were generated. Alcoholic and nonalcoholic children of alcoholics were compared on their profiles on the three more global factors of the scale.

C H A P T E R III

RESULTS AND DISCUSSION

This study was constructed to delineate the varying ways in which male, veteran, adult children of alcoholic fathers adjusted to the stress of a childhood alcoholic family environment. It investigates and compares two subgroups of adult offspring, poorly-adjusted alcoholics receiving inpatient treatment and more well-adjusted nonalcoholics, and in so doing, it looks at factors which may have accompanied these two styles of adjustment. While drinking pattern is a unitary factor, it is viewed as a reflection of many cumulative adaptations to life experiences and highly indicative of quality of present adjustment, especially within this population of adult children of alcoholics.

Mediators of adjustment to parental alcoholism, factors which hinder or facilitate coping, were studied through responses to interview questions and the Moos Family Environment Scale. All veterans offered their perceptions of their families of origin, childhood

dispositions and competences, social support systems and cognitive attributions and appraisals of drinking within the family. These retrospective self-reports were naturally infused with subjective bias, but this evaluative component is believed to mediate adjustment to stress. This research thus purported to explore meanings and interpretations that subjects ascribed to early childhood relationships and events.

In all, five research questions were posed. Since this research is essentially exploratory and qualitative in nature, results and discussion of questions are simultaneously presented. In this chapter, each research question is restated, and results are presented and discussed in terms of their relevance to the literature on alcoholism, family dynamics, and attribution theory.

Subjects

As described in Chapter 2, the subjects in this study were 20 male offspring of alcoholic fathers who either adopted either alcoholic or nonalcoholic drinking styles in their adulthood. Ten veterans were alcoholics receiving inpatient treatment specifically for their drinking at the ADTP, Leeds Veterans Administration Medical Center. The remaining 10 subjects were nonalcoholic veterans without any history of extended problem drinking or psychiatric treatment. Differential diagnosis for alcoholism among all veterans was confirmed by use of the MAST; the CAST validated status as a child of an alcoholic parent. Mean score results for both sets of screening tests are presented in Table 2.

Within the group of alcoholic veterans, all individual MAST test scores well exceeded 5, thereby categorizing them as problem drinkers. Furthermore, since all alcoholics were in treatment, they earned 15 points for affirmative responses to the three key questions regarding a diagnosis of alcoholism (see Chapter 2). Each nonalcoholic achieved a nonproblem drinker diagnosis by scoring 3 or less on the MAST, and was clearly free of clusters of symptoms that together implicate alcoholism.

Regarding the CAST, scores for individuals within both

Table 2

Mean MAST and CAST Scores, Whole Sample and Alcoholic and Nonalcoholic Groups

Group	n	Test	
		MAST	CAST
Whole Sample	20		
M		23.15	20.75
SD		20.88	5.17
Alcoholic	10		
M		43.70	20.80
SD		5.04	5.78
Nonalcoholic	10		
M		2.60	20.70
SD		1.50	4.47

groups were remarkably homogeneous. There were no trends between groups to indicate that alcoholic and nonalcoholic subjects consistently differed in response to any particular test item. Rather, all subjects offered similar descriptions of their experiences related to parental drinking behavior. These results strongly suggest that, at least according to these general reports given by subjects, individuals in both groups shared similar stressors and experiences in their alcoholic families of origin.

Demographic data, also indicate uniformity among the entire sample regarding characteristics of families of origin. Since subjects frequently could not recall parents educational and income levels, parents' occupations were used as rough indicators of socioeconomic strata of families of origin. Occupational data were categorized according to the hierarchical levels offered by Hollingshead (1957) ranging from a major professional status to one of an unskilled worker. Parents' occupational data are presented in Table 3, and are evidence of continued similarities between groups in terms of general characteristics of families of origin. While some minor differences exist, most parents were either technical/clerical or skilled employees. No fathers were unemployed and both groups had equal numbers of unemployed

Table 3

Frequency Distribution of Occupational Status of Parents According to Group

Occupational Status	Group			
	Alcoholic (n=10)		Nonalcoholic (n=10)	
	father	mother	father	mother
1. Major Professionals	1	0	0	0
2. Lesser Professionals	1	1	0	3
3. Minor Professionals	0	0	0	0
4. Clerical, Technical and Sales Workers	1	3	3	2
5. Skilled Manual Workers	5	1	6	1
6. Semi-skilled Workers	2	2	1	1
7. Unskilled Workers/ or Unemployed	0	3	0	3

mothers. It is interesting to note some trend toward a higher occupational status of mothers compared with fathers in the nonalcoholic group, and no such trend in the alcoholic group, possibly indicating some role reversal within nonalcoholic families of origin. This point will be elaborated upon in a later section.

Demographic data concerning the present life situations of subjects are summarized in Table 4. With the exception of age, we begin to see predictable differences between groups according to variables which clearly reflect differing levels of adjustment among subjects. It is no surprise then that with the relatively poor level of present adjustment among the hospitalized alcoholics comes unemployment (8 of 10 had lost their jobs), a lowered income, family disorganization, and an overall decrease in socioeconomic status. Figures in Table 4 indicate that nonalcoholics are generally more educated, more gainfully employed, and have higher incomes and social position than their alcoholic counterparts. Once again, Hollingshead's (1957) index of social position was used to categorize subjects on their occupational levels (categories range from 1 to 7, with 1 representing most professional employment) and socioeconomic strata (categories range from 1 to 5, with 1 representing the highest social position). Since alcoholics are in

Table 4

Demographic Variables According to Group

Alcoholic			Nonalcoholic		
Variable	N	%	Variable	N	%
Age (mean = 36.5; S.D. = 6.5)			Age (mean = 37.0; S.D. = 3.87)		
20-29	1	10%	20-29	0	0
30-39	6	60%	30-39	7	70%
40-49	3	30%	40-49	3	30%
Education (mean =12.7; S.D. =1.19)			Education (mean =14.6; S.D. = 1.8)		
12	6	60%	12	2	20%
13	3	30%	13	0	0
14	0	0	14	4	40%
15	0	0	15	0	0
16	1	10%	16	3	30%
			17	0	0
			18	1	10%

Table 4 (continued)

Demographic Variables According to Group

Alcoholic			Nonalcoholic		
Variable	N	%	Variable	N	%
Occupation			Occupation		
1	0	0	1	0	0
2	0	0	2	3	30%
3	0	0	3	1	10%
4	0	0	4	4	40%
5	1	10%	5	0	0
6	1	10%	6	1	10%
7	8	80%	7	1	10%
Income (mean = 4,000; S.D. = 7.22)			Income (mean = 17,200; S.D. = 8.07)		
0-$4,000	8	80%	0-$4,000	0	0
5,000-9,000	1	10%	5,000-9,000	3	30%
10,000-14,000	0	0	10,000-14,000	1	10%
15,000-19,000	0	0	15,000-19,000	3	30%
20,000-24,000	1	10%	20,000-24,000	2	20%
			25,000-29,000	0	0
			30,000-34,000	1	10%

Table 4 (continued)

Demographic Variables According to Group

Alcoholic			Nonalcoholic		
Variable	N	%	Variable	N	%
Socioeconomic Status			Socioeconomic Status		
I	0	0	I	0	0
II	0	0	II	3	30%
III	0	0	III	4	40%
IV	4	40%	IV	2	20%
V	6	60%	V	1	10%
Marital Status			Marital Status		
Single	5	50%	Single	1	10%
Married	0	0	Married	8	80%
Diovorced	4	40%	Divorced	0	0
Separated	1	10%	Separated	0	10%

Table 4 (continued)

Demographic Variables According to Group

Alcoholic			Nonalcoholic		
Variable	N	%	Variable	N	%
Current Living Situation			Current Living Situation		
With Spouse or Partner	3	30%	With Spouse or Partner	2	20%
With Spouse and Children	0	0	With Spouse and Children	6	60%
With Roommate	1	10%	With Roommate	1	10%
Undomiciled	5	50%	Undomiciled	0	0
With Children Only	0	0	With Children Only	1	10%
Halfway House	1	10%	Halfway House	0	0
Religion			Religion		
Catholic	8	80%	Catholic	7	70%
Protestant	1	10%	Protestant	3	30%
Other	1	10%	Other	0	0

treatment for a progressive disease, we would expect to see results similar to those obtained. Alcoholism tends to take its toll early on in an individual's life and therefore disrupts aspects of one's life not only at some arbitrary time of testing, but throughout the course of development. Hence, alcoholic subjects are less likely to engage in educational pursuits as older adolescents, less likely to have obtained a stable family situation in their past, and so on. This developmental perspective regarding adjustment will be further discussed later in this chapter.

In summary, then, several points may be made about the subjects under investigation. First, both alcoholic and nonalcoholic offspring of alcoholic fathers shared similar childhood backgrounds in terms of socioeconomic status, general factors related to perceptions of parental drinking (as measured by the CAST), and therefore perhaps overall stress within families of origin. Second, alcoholic and nonalcoholic subjects have achieved different levels of adjustment to the childhood stress of having an alcoholic parent, and so, in addition to their drinking styles, they demonstrate variation in other indicators of quality of adjustment (i.e. amount of income, socioeconomic status, educational level and family stability). Third, the adjustment to stress model

examines mediators that influence the outcome of stressful situations. Overtly, alcoholic families of origin in this study appear similar, but only upon first glance. The remainder of this work teases out differences between the groups in their early experiences so that types of adjustment can be more fully understood.

There is one final note of interest concerning subjects who responded to recruitment notices for this study. In all cases, individuals in both groups expressed that they had felt a long-standing need to discuss their childhoods and in particular, their relationships with their fathers. Four nonalcoholics stated that they had felt the research interview was therapeutic, all subjects wondered how their experiences compared with other children of alcoholics, and three alcoholics said they would not have participated in this study, because of fear, had their fathers still been alive. All in all, the need to attend to the population of adult children of alcoholics became quite evident.

Research Question Number 1: Perceptions of Families of Origin

What differences, if any, exist between alcoholic and nonalcoholic veterans in their overall perceptions of their families of origin? In this section, both real and perceived differences are discussed. Real characteristics of the family have obvious impact on the developing child. Perceived characteristics of the family also mediate responses to the stress of parental alcoholism because they influence one's sense of control in a situation. Both foster and reflect a degree of mastery over an alcoholic family environment.

Several themes which frequently appear in the children of alcoholics literature are utilized here to organize the copious amount of obtained interview data. The themes are: drinking behavior and family stress, family atmosphere, family roles and tasks, family relationships, and abuse and violence.

Drinking Behavior and Family Stress

There are striking differences in the style and drinking patterns among alcoholics. This and other work suggests that "family process is strongly influenced by

pattern of parental drinking, and that knowledge of this pattern may be essential to an understanding of the situation of family members" (Wilson and Orford, 1978). Table 5 summarizes factors believed to be relevant to alcoholism in the father.

With regard to the subject's age upon onset of his father's drinking, alcoholics tended to report an earlier onset than nonalcoholics. While this difference is not marked, it appears that many alcoholic subjects were very young children during active parental drinking, a time when role models are most critical, and values and attitudes are shaped (Chafetz, 1979). It is during these young childhood years that individuals are not yet able to psychologically defend themselves against the emotional pain inflicted by problem drinking, and that early systems of protective denial as well as "splitting" regarding the father may occur (Russell, Henderson and Blume, 1985). This denial and splitting becomes characterological, and is apt to continue to be used by an individual as he grows into adulthood. One alcoholic in this study described his awareness of his father's drinking in this way: "My father always drank. We all recognized it from the start. What really happened to me is that I started to become aware that other people didn't drink to excess." Another alcoholic subject was more graphic:

Table 5

Drinking Behavior of Fathers, According to Group

Alcoholic			Nonalcoholic		
Variable	N	%	Variable	N	%
Age of Child at Onset of Father's Alcoholism (mean = 8.50; S.D. = 3.91)			Age of Child at Onset of Father's Alcoholism (mean = 11.0; S.D. = 3.0)		
0-4	2	20%	0-4	0	0
5-9	3	30%	5-9	3	30%
10-14	5	50%	10-14	6	60%
15-19	0	0	15-19	1	10%
Drinking Style			Drinking Style		
Periodic	5	50%	Periodic	0	0
Steady	4	40%	Steady	9	90%
Combination	1	10%	Combination	1	10%
Recovery from Alcoholism			Recovery from Alcoholism		
Yes	4	40%	Yes	4	40%
No	6	60%	No	6	60%

Table 5 (continued)

Drinking Behavior of Fathers, According to Group

Alcoholic			Nonalcoholic		
Variable	N	%	Variable	N	%
Place of Drinking			Place of Drinking		
Home	1	10%	Home	1	10%
Bar	4	40%	Bar	3	30%
Both	5	50%	Both	6	60%

> "He would come home at about 11 o'clock at night after being in the bars when I was about 8 years old. I remember one awful night -- he picked me up and then threw me in a bathtub. That's when I realized I had a strong forehead because I landed head first. I didn't cry, but my head was split open. In the morning, he asked me to have a drink with him. We had a quick drink and then he slapped me. From that point on, we had a hard time getting along with one another. He had always drunk before this time, but when I was 8 I knew something was really wrong."

Nonalcoholics were first aware of their father's alcoholism at a slightly older age, and at a time closer to young adolescence. During this period, most values and attitudes have already been formed, and adolescents are beginning to turn to their peers and outside the home for support and feedback. Obtained data tend to uphold Chafetz's (1979) contention that more offspring damage comes with an earlier onset of parental alcoholism; Bosma's (1975) critical period formulation tends to be contradicted.

Alcoholic and nonalcoholic subjects reported strikingly different information about their father's drinking style. Alcoholic subjects frequently described fathers as bingers or periodic drinkers, while nonalcoholic subjects unanimously reported a steady drinking style, that is, continuous alcohol consumption in fathers. At first inspection, these reports may seem

unexpected and contradictory. Continued contemplation of data, however, suggests that the families of origin of nonalcoholics are more able to adapt to paternal drinking, more able to establish "stable wet interactional patterns" (Steinglass, 1980), and more able to achieve some semblance of stability, because the father's alcoholism is constant and predictably occurring. A nonalcoholic described his father's drinking style in this way: "He was always so drunk that he was never sober. We just always expected it to be that way and went about our business."

In contrast, binging in fathers permits less opportunity for alcoholics' families of origin to establish a stable system which incorporates parental alcoholism. In these homes, opinions and attitudes about father more frequently fluctuate according to his drinking status, and parent-child roles may be upheld or reversed, once again, depending on father's state of drunkenness or sobriety. In general, it is postulated that parental binging promotes more familial ambivalence, confusion, and instability, and results in more aversive effects on offspring, in this case on alcoholic adult children of alcoholics. This confusion about father and family activities appears to be a critical aspect of alcoholics' early upbringing; this will be discussed in a later section.

Continuing with other variables concerning fathers' drinking patterns which impact upon degree of family stress, there was ostensibly no difference between groups in terms of location of fathers' drinking. Most fathers from both groups drank both at home and in pubs. When drinking occurred outside the homes, alcoholic and nonalcoholic subjects reported trepidation about fathers homecoming. Homecomings were also associated with either aggressive confrontations or family avoidance, although, in general, nonalcoholic subjects seemed to indicate less overall family disruption accompanying the father's presence. A nonalcoholic subject whose father drank both in and outside of the home alluded to the ways in which the stresses of the father's behaviors were "absorbed" by the family:

> "When father came home drunk, we all just tried to appease him. We knew he'd pass out within just a little bit of time, so we put up with his nonsense -- ranting and raving and such. He'd usually come home and continue to drink at his bar. That was the family joke, moving his bar; moving it into the basement and away from the upstairs, and he'd move it back up. We all knew where that bar would end up eventually -- back down in the basement. Finally, father would pass out and go to sleep. Everybody had peace. It would happen early in the evening which was good, because everybody could sit around watching TV without having him and his bar there. Family conversations could be held -- with my mother, not my father. We could get together in a relaxed atmosphere, talking like normal people. We were glad my father was asleep."

A different picture of family functioning for each group begins to emerge. Within nonalcoholics' homes, family system stability is usually maintained and fathers' alcohol-related behaviors prove less disruptive to overall family activities than within alcoholics' homes.

A final factor pertaining to the father's drinking pattern is the duration of the problem, that is, the extent to which drinking persisted throughout the offspring's upbringing, or ceased because the father had achieved prolonged sobriety. Table 5 indicates that there were identical recovery rates among fathers in both groups. The figures refer to father's recovery occurring during the childhood or adolescence of the subject, and therefore do not represent abstinence that temporally corresponded with a subject's adulthood. It is interesting to note that while a father's recovery was often associated with tension reduction within the family, it frequently was not. Just as paternal binging is confusing, a family often finds it difficult to adapt to the changes that come with sobriety in the father. A nonalcoholic recalls that,

> "after my father recovered, I had quit high school, and pretty much left the fold and become sullen and withdrawn and estranged from my family myself. Basically, I didn't get along with him when he was drunk, and I didn't get along with him when he was sober, at least right afterwards. He was going through a lot of problems in terms of his health. I tried to

> support him. I'd visit him in the hospital. Basically, we were all going through a lot of changes."

Family Atmosphere

Both alcoholic and nonalcoholic subjects spoke of the general impact of parental alcoholism on family life in some similar ways. The fathers' alcoholism appeared to be the overriding determinant of family interactional patterns in both groups, and most subjects spoke of the consistently large amounts of energy required to handle or protect the alcoholic.

Results from this study resemble findings presented in work by Wilson and Orford (1978). Family atmosphere was closely associated with the father's state of drunkenness or sobriety, and even more critically, the alcoholic's mood or behavior at any point in time. Inconsistency and unpredictabilty on the part of the alcoholic, which is so well documented in the literature, generated tension within the family as it anxiously anticipated mood shifts, and aggressiveness, irritability and depression in the alcoholic. While results of this study indicated that more fathers of alcoholic subjects compared with nonalcoholic fathers (70% versus 30%) reacted to drinking by becoming aggressive, both groups of subjects noted that general family uneasiness accompanied the father's presence.

Both alcoholic and nonalcoholic subjects perceived that family atmospheres were modified when the inebriated father was in the house. One alcoholic stated that, "the atmosphere was that everyone was very aware of him and very aware of the different kind of levels of his mood and you'd be real sharp in tuning in where he was at so you could figure out how to respond." Another alcoholic described the family's impulse to protect the father:

> "Just his presence in the house was stressful to everyone, whether he was drinking or not. When he was drinking, the stress automatically showed on the littler children and on myself. I had to be very cautious of what he was doing. There were times my mother and I would switch bedtimes so there was always somebody awake in the house while he was drinking."

Finally, another alcoholic talked of the best strategy of dealing with the father in his home:

> "When he came home, you'd more or less lay low. If you were watching TV after supper, it would be, oh, I've got homework to do. It would be to avoid him before something starts between him and my mother. You would go up to your room, hide under the bed, and put the pillows over your ears, literally."

A nonalcoholic was more open about the anger that was generated by the alcoholic father's patterns:

> "Our upbringing was definitely not taken care of by our father. This put a lot of pressure on the family unit. We [siblings] looked to each other for the needs that were not being met by our father. And when we weren't able to fulfill them

> to any degree, that created a great deal of stress between us kids. It got to the point, after trying to help him [father] out all the time, that we just said, `screw it.' It got to the point that when he fell down the stairs dead drunk, we'd just as soon let him go."

Another factor that was often related to the quality of the family atmosphere among all subjects was patterns of communication within the family. Both groups noted that verbal communications were often fraught with half-truths and white-lies -- because either the mother or the father felt compelled to justify the behavior of the alcoholic. With time, subjects came to invest little reliance on the spoken word, although both groups mentioned the repeated sense of disappointment that they would experience when promises were broken. A nonalcoholic subject in the study told of the years it took him to realize his father was untrustworthy: "Every weekend, he'd promise to take us fishing. And, listen, this would have been the extent of time we'd spend together. We'd [siblings] all get up early in the morning on Sundays, prepare all the gear, only to learn over and over again, that dad was too sick from the night before. Or, he'd made other plans to be with his buddies."

Communication within families was also often

associated with the construction of code words among family members that were designed to protect certain children from contact with the father, and in general, minimize the disruption that accompanied his presence. As mentioned in the previous section, nonalcoholics' families seemed to be more adept at protecting themselves and maintaining the integrity of their subsystem than those of the alcoholics. This ability was most often related to the competence of the mother, and because it is of such significance, it will be discussed as a separate issue later in this work.

Another major response of both groups of subjects within this study was to compare the "atmosphere of silence and tension in their own families with the laughter, joking and talking together that characterized their friends' families" (Wilson and Orford, 1978). This contrasting picture tended to leave most subjects with a sense of embarassment and shame, so that they either inevitably avoided making friends and bringing them home or engaged in social activities outside of the home. Different subjects offered fairly uniform descriptions of their experiences. One nonalcoholic spoke of the stigma that his entire family acquired within the community, so that all members, despite the reality to the contrary, were labeled "troublemakers." Another subject, an

alcoholic, related that neighbors treated his family with more kindness, although "public events were always a disaster; everyone noticed and said father had a problem." Finally, one alcoholic subject described the extreme action his sister took in order to have contact with another "normal family."

> "We weren't a typical family at all, no real cohesiveness or anything. Everyone tried to leave the family in one way or another. So, I moved out and joined the service when my youngest sister was six years old. She was six and alone there, when I went in the service. Starting then, she lived with a family -- this family that lived upstairs from us -- and I don't think that's very normal, especially for such a young child. She wasn't adopted or anything, she just lived with them. When they moved, she moved with them and still lives with them. Maybe even that young she knew she had to get away."

In summary thus far, it is evident that both alcoholic and nonalcoholics alike perceived their families of origin as stressful, confusing, and abnormal places. This finding coincides with those derived from the CAST and the Family Environment Scale (to be presented) . It is suggested once again that most children of alcoholics, regardless of their eventual types of adjustment, are exposed to some similar inconsistent conditions or stresses in their households. It is also not difficult to imagine that some of "these children might undergo problematic emotional and social development. The

alcoholic's style necessitates a continual readjustment by all the other members of the family -- because of the extent of his own inconsistent and unpredictable behavior" (Pringle, 1976, p. 25). To reiterate, the development of problems or strengths and the protective factors which mediate offsprings' eventual adjustment to parental alcoholism are enumerated within this work.

Results of the Family Environment Scale provide a general overview of the conditions that subjects felt they encountered during childhood, that is, the stressors to which they were forced to adapt. Results are summarized by group in Table 6, which lists means and standard deviations for subscale standard scores, and in Figure 2, which provides a more graphic view of group differences with respect to how they perceived their families of origin. A plotted version of the standard scores reveals similar overall configurations for each group, but some trend towards score elevations on the Relationship and Personal Growth Dimensions for nonalcoholic subjects. More specifically, nonalcoholics reported more family cohesion and expressiveness, more independence, intellectual- cultural, recreational and moral-religious orientations, and a greater tendency towards organization than alcoholics. In addition to these elevations, both groups demonstrate discrepancies on relationship subscale

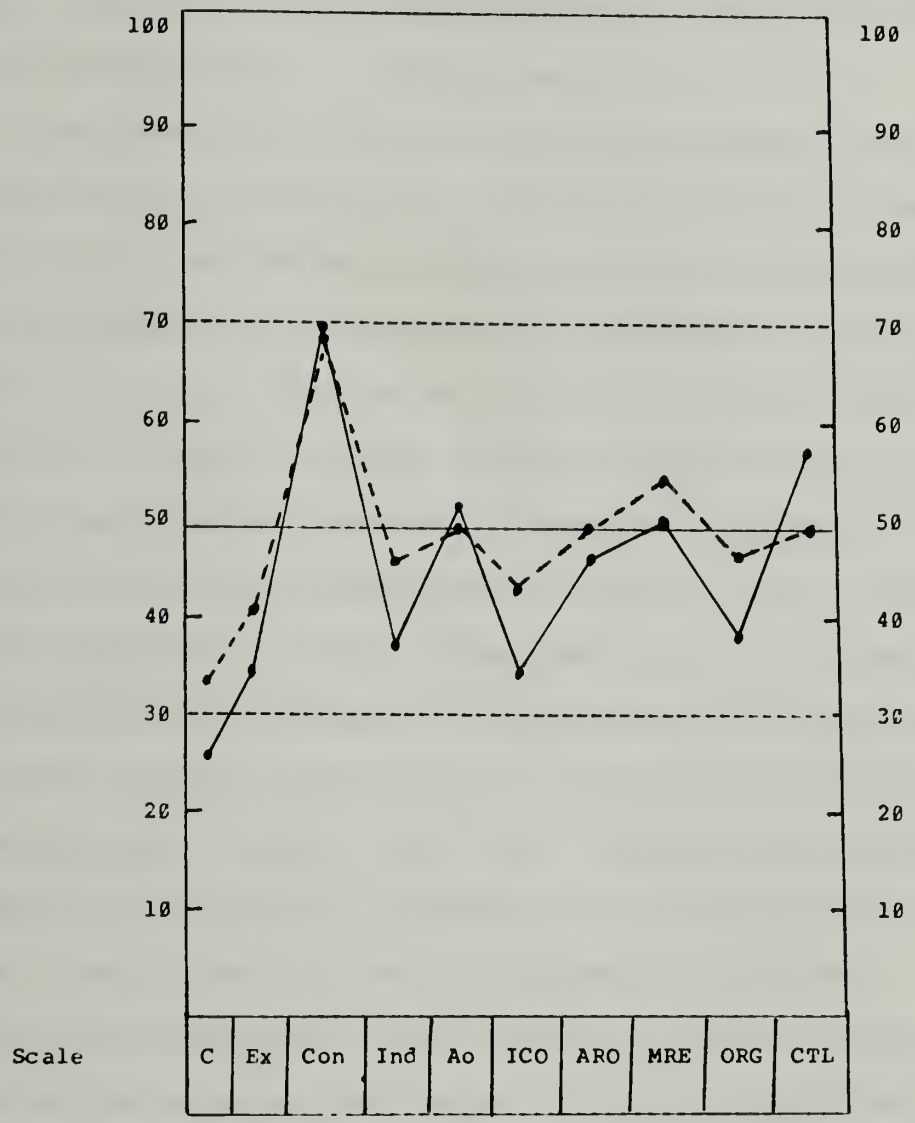
TABLE 6

Family Environment Scale Standard Scores, and Standard Deviations for Family of Origin According to Group.

FES Subscale	Group			
	Alcoholic		Nonalcoholic	
	Mean	S.D.	Mean	S.D.
Cohesion	25.8	20.63	33.8	20.73
Expressiveness	34.2	12.52	40.7	14.74
Conflict	69.8	11.20	68.7	9.21
Independence	37.3	12.74	46.5	9.29
Achievement Orientation	52.2	14.24	50.3	12.98
Intellectual-Cultural Orientation	34.1	19.18	44.0	22.95
Active-Recreational Orientation	47.6	11.97	50.3	15.50
Moral-Religious Emphasis	50.9	13.34	53.9	13.28
Organization	39.0	10.77	47.2	14.97
Control	57.6	15.22	50.0	8.85

Figure 2

Comparison of Groups for Mean Standard Scores for Family of Origin



scores when compared with score norms for normal populations. What is therefore most striking for both groups, although accentuated for alcoholic subjects, are low scores on family cohesiveness and expressiveness, and an elevated score on family conflict.

Obtained profiles for both groups suggest that families of origin can be categorized in certain ways. Utilizing the taxonomy offered by Moos and Moos (1976), both alcoholic and nonalcoholic individuals appear to perceive their families as conflict-oriented, that is, "characterized by a high degree of conflictual interaction and a substantial emphasis on the open expression of anger and aggression... These families feel a lack of concern and commitment in their homes and a lack of mutual helpfulness and support. Anger and conflict are expressed in the context of generally cold and distant relationships among family members" (p. 365). Despite their shared emphasis on conflict, alcoholic and nonalcoholic subjects reported differences on the Systems Maintainence Dimensions subscales, and therefore tended to demonstrate variation on perceived amounts of hierarchical control and organization within the family. Overall, nonalcoholic subjects reported high levels of conflict within an atmosphere of order, and alcoholics reported similarly high levels of conflict but within an autocratic

environment which tended to be ineffectively organized and chaotic.

Results concerning high levels of conflict are consistent with the literature on families of alcoholics. So too are those pertaining to deficits in family cohesion and expressiveness. What, then, may we expect the impact of such perceptions to be? Initially, it is clear that family relationships are negatively perceived, and that closeness and helpfulness are rarely experienced especially for the alcoholic subjects. Within this context, a child would be apt to develop mistrust and be exposed to role models that are far from ideal. Effective means of communicating and interacting, that is, expressing differences within an atmosphere of openness and support, are also absent within these homes. Finally, and perhaps most importantly, a contradiction appears to arise: achievement and excellence are highly valued (achievement orientation scores are relatively high) within these homes and success within the community is encouraged; yet, resources for developing inner confidence and strength, a result of critical interactions with family members, are lacking. Given this situation and the tendency for these families to impose strict demands and standards, offspring are likely to experience a tenuous sense of self competence and an overreliance on external

sources for their self-esteem. Dependency/ counterdependency conflicts might then ensue (Pringle, 1976), and once again this dilemma would be more pronounced for alcoholic subjects because of their greater early-relationship deficits. Differences between groups concerning self-esteem, competence and social supports, will be examined in more detail later in this chapter. Those results will offer a different perspective about overall role models and communication within the home especially as they pertain to nonalcoholic subjects.

Family Roles and Tasks

Inconsistent and unpredictable behavior on the part of the alcoholic creates a family environment where all the usual relationships among members have broken down. The child is therefore forced to participate in a series of interactions in which family members compensate for the alcoholic father's deficiencies, and strive to gain gratification and recognition through the acquisition of unusual roles. Role playing and social learning occur in an abnormal environment where the child must respond to not only the alcoholic, but to all of the members of the family system who are also adapting to the parent's behavior.

When questioned about the role of the alcoholic father within the home, both alcoholic and nonalcoholic subjects spoke of parental inadequacy. Inadequacy on the part of the father took various forms, and as Barnes (1977) has described, was generally measured in terms of "basic performance criteria." Fathers were therefore evaluated according to their fulfillment of basic obligations of physical care and financial support, and provision of a positive and socially acceptable role model. Frequently, instead of behaving positively, fathers were reported to display a variety of antisocial characteristics, such as rebelliousness, impulsivity, hostility and aggression.

Alcoholic and nonalcoholic subjects had differing perspectives about the specific nature of their fathers' roles. Nonalcoholics tended to view their fathers as adequate or even superior providers of material and monetary benefits, but felt highly critical of their deficiencies as emotional, social and psychological caregivers. These subjects also appeared to most highly value the caregiving function over the other two performance criteria, and so overall, painted a rather negative picture of their fathers. For instance, one nonalcoholic described his relationship with his father in the following way:

> "He usually gave us everything we needed, physically, but that was it. He was very

> withdrawn. I suppose he had love inside -- I know that now as I grow older -- but he's not capable of showing that. I have no feelings about my father as a person because I don't know him. We never did anything together. He never treated me like a son. He treated me more like a stranger."

Alcoholic subjects were more likely to perceive generalized role deficiencies on the parts of their fathers. Fathers frequently neglected all facets of their responsibilities towards their families, although when sober, and this group of fathers tended to binge-drink, they vehemently insisted upon playing authoritarian or overly responsible parental roles. What tended to result within these families, from the alcoholic subjects' perspective, were confused and inconsistent expectations about the role the father was to play. This was also accompanied by uncertainty concerning the complementary role the child was to enact, and so frequently "role conflict" (Nardi, 1981) ensued. A situation emerges in which alcoholic subjects attempted to anticipate or discern conditions set by the father, and consequently attempted to play the parental or child-like role that the situation demanded. Predictably, these subjects reported difficulty and helplessness in reading their fathers since role expectations were constantly changing.

It is not difficult to compare this situation -- that

of alcoholic subjects -- with that of the identified patient within a schizophrenic family system. In both cases, family communications are incongruent, and ultimately the child fails to please the father no matter what role he attempts to play. His only recourse, like that of the schizophrenic child, is to develop symptoms that transcend the double bind situation (Palazzoli, Cecchin, Prata and Boscolo, 1978). In this way, the child gives up the attempt to meet the father's ever-changing expectations and identifies himself as one who is separate, different, alienated or estranged from the family situation. This process appears to be a particularly apt decription of the development of some types of roles (i.e. the scapegoat role) of children of alcoholics and will be addressed again.

In summary, subjects in both groups reported a sense that their fathers performed somewhat inadequately. With nonalcoholics, this perception was consistent and was mainly confined to the most valued function of the father, namely, that of an emotional and social role model. Nonalcoholics were thus left feeling negatively about their fathers. Alcoholic subjects, on the other hand, generally expressed a great deal of ambivalence towards their fathers because fathers alternately attempted to function responsibly, inviting the appreciation of

offspring, or irresponsibly, inviting their anger. The most salient aspect concerning reports of alcoholic subjects was that they experienced confusion about their fathers' functions, and about role expectations that family members had for themselves.

Regardless of the particular dynamics within the home, it is important to note that children adjust to family disorder by adopting a role that will most beneficially mesh with and help maintain the system (Nardi, 1981). Role acquisition is therefore determined by such family system variables as parental drinking style, spouse reaction to drinking, and number of siblings, along with more dispositional characteristics of the individual. And finally, the adoption of a particular role usually implies a corresponding coping style. Some roles permit the development of personal and social strengths and facilitate positive adjustment, while others roles limit an individual. As children grow into adulthood, coping roles may no longer be adaptive nor function efficiently.

Subjects in both groups described similar joint parental functions that the mother and offspring were forced to perform when the father was experiencing problems. To reiterate, this became more of a stable pattern of interaction within the families of nonalcoholic subjects, but one of several conflicting patterns in the

homes of alcoholic subjects. For nonalcoholics, siblings within the family often had the responsibilities of performing household tasks, caring for the younger siblings and acting as a spouse surrogate for the mother. In 2 out of 10 cases, nonalcoholic subjects stated that they themselves had to assume financial responsibility for the family when the father's alcoholism had significantly progressed. Alcoholic subjects reported a similar list of tasks performed by the sibling subsystem, but only very rarely did subjects individually function as the primary caretaking child.

There were notable differences between groups concerning the specific roles that were adopted by subjects. Results are presented in Table 7, and represent a categorization of subjects according to their self reports and the framework offered by Wegsheider (1979; see Introduction). One additional category, "Parentified Child Without Hero's Glory," was devised for this study and added to Wegsheider's scheme. It may be operationally defined as follows. The child is responsible for performing many tasks that are typically parental in nature, such as childcare, house cleaning, and supporting mother, but receives none of the praise and positive feedback that characteristically accompanies the hero's position. Rather, it is viewed as a "thankless job" that

TABLE 7

Family Roles According to Group

Alcoholic (n = 10)		Nonalcoholic (n = 10)	
Role	N	Role	N
Hero	0	Hero	4
Scapegoat	5	Scapegoat	0
Lost Child	3	Lost Child	4
Mascot	0	Mascot	0
Parentified Child	2	Parentified Child	2
Without Hero's Glory		Without Hero's Glory	

involves household duties without either family-centered or community-wide "stardom."

Results concerning roles indicate that each group had almost equal numbers of lost children and parentified children without glory and no mascots, but strikingly different proportions of heroes and scapegoats. More specifically, half of the alcoholic subjects, compared with none of the nonalcoholics, functioned as scapegoats, while the distribution for heroes in each group was reversed. What was evidenced then, were large numbers of scapegoats within the alcoholic group and a correspondingly high representation of heroes among nonalcoholics.

The significance of these findings has definite bearing on the present use of the adjustment model and on understanding the differential impact of parental alcoholism on offspring. It is believed that childhood role type affects quality of adult adjustment as well as the cumulative experiences that go along with functioning within that early role. Stated differently, the quality of early adjustment corresponds with and may even help prognostically to determine adult outcome.

This becomes more evident when one examines each specific role. Heroes, represented only in the nonalcoholic group, were accustomed to success within the

home and within the community. While they were hard-working and often overly responsible doing household chores and schoolwork, they were able to gain a sense of accomplishment and competence. Heroes, it is postulated, had the opportunity to have impact and control over their personal environment; they were thereby able to develop important strengths such as "a sense of responsibility, initiative and independence, and insight into people's problems which may be useful to them in their later personal lives" (Russell, Henderson, and Blume, 1985).

One nonalcoholic subject described his role as family hero in the following way.

> "In younger years, since I was the oldest son, I had a lot of responsibility laid upon me. The only thing my father ever taught me was to work and try to make money. That was the only relationship I have had with this man drunk or sober was that he taught me how to work and do well. So, I ended up acting as the protector of the family, of my brothers and sisters. I was "big daddy." That meant a lot of responsibility plus financial obligations. Everyone looked up to me. [How did you protect your family?] I watched out for anything that was going on that I thought was not good for them. If the situation got intense, and my father was acting out physically or got self destructive, my mother and I would send them out of the room or to go play with their friends. Everyone told me I was a good protector. And all the responsibility was on top of my school work, sports activities, church stuff, and jobs. I guess I just tried to do it all and I did -- and very well."

Scapegoats, on the other hand, had a very different

experience in their early lives. They grew to know little competence and instead behaved irresponsibly and in opposition to societal and familial demands. Unfortunately too, they were uniquely mistreated by their families, both blamed for systemic shortcomings yet expected to behave in synchrony with familial expectations. What seems to occur, then, as mentioned above, is that the scapegoat escaped the conflicting demands of the system by becoming rebellious. He took on a role which was both alienated and alienating from his family in an effort to cope with the double bind he experienced. Ironically, what was overtly viewed as rebellious is really "the outcome of an overidentification with the parent ... this individual perpetuates the father's ambivalence about conforming to society" (Chafetz, 1979, p. 25). In general, the scapegoat learns few ways to master his environment, but is instead limited by his role.

An alcoholic scapegoat offered his feelings about becoming victimized within his family, a situation which led him to rebel out of sheer frustration.

> "I always tried to please my father, to get him to talk with me, do something with me. But being the youngest, I guess, I just couldn't get around him. I couldn't get around my brothers and sisters. I was never doing enough for him. I made a nice big go cart once, bragged about it, 'Dad, I want you to see my new go cart.' He beat me, said I took his tools and did not put them

> back in place. He didn't even look at it. That upset me, so I burned it, right in the garage. I took my frustration out on the car. Then I got my ass whipped again because I started the garage on fire.
>
> Later on, I was 13, I ran away and moved to New York. I would talk to my friend. He gave me a place to stay; he said, 'when your father cools his jets you can go back home.' But pride, the pride in me. I'm not going home to him, he's always beating me up. He don't like me. I wanted to kill him. My brothers and sisters don't like me. Later when I made amends with my dad, it really hurt me to learn a lot of things about my dad. He was always worried about me. Always scared about me, afraid of me. He said he seen things in me that are different from my brothers and sisters. Not an evil thing, but something he couldn't explain. That I wouldn't listen, that I tried to do things my way. He tried to straigthen me out by hitting me. And because of <u>his</u> pride he couldn't go out and look for me when I left."

According to the present data, the remaining roles, the lost child and the parentified child without glory, do not appear to significantly influence the adjustment that an adult will eventually make. It is conceivable that both roles have positive and negative attributes, and that adult outcome will vary according to the specifics of an individual's situation.

<u>Family Relationships</u>

Some general observations concerning relationships between parents and between siblings are presented in this

section. The topic of maternal relationships will be reserved until the section on social support systems.

Wilson and Orford (1978) suggest that marital conflict may be "the crucial intervening variable accounting for the association between parental alcoholism and ill effects on their children" (p. 123). Since parental separation and poor marital relationships often accompany life within an alcoholic family, it is difficult to tease out the relative effects of each variable upon child development.

All subjects within this study reported high levels of marital conflict within their homes. Likewise, all subjects, regardless of group, stated that parental fighting and quarreling was of great concern and was often met with intervention on the part(s) of some child or children within the family. It is interesting to note that while quarrels sometimes focused on the father's drinking behavior, other issues often served as areas of contention. Most commonly, parents argued over monetary problems, spouse infidelity, jealousy of peers, child-rearing practices and in-law conflicts; each of these conflictual topics appeared to be equally represented in both groups within this project. In general, according to the present data, it seems inaccurate to view the father's drinking as the main or

only source of conflict within the home.

Some subjects reported an inordinate amount of family disruption during their childhood years. This was usually characterized by the father or mother repeatedly initiating a separation, physically moving away and then returning at some later date; in these families of origin -- 4 of 10 belonged to alcoholic and 2 of 10 belonged to nonalcoholic subjects -- no real homeostasis was achieved. Home environments were always in flux, extended family members came and went, and children were reared by multiple caretakers. Interestingly enough, parental divorce did not occur within these families that were so extremely disorganized.

The parental divorce rate was higher among nonalcoholic subjects. Five nonalcoholics, as compared with 2 alcoholics, reported a permanent parental break-up during the subject's childhood or adolescent years. While clearly there are stresses that are associated with divorce, most subjects from broken homes reported that it brought overall relief to the family. This is not hard to understand if we think back to the tension that the father's presence induced, and the ways in which the entire family was forced to accommodate to his needs. So, it appears that parental divorce, which was always initiated by the mother, might have protected the

integrity of the family rather than allowing it to continue to fall prey to the vicissitudes of the alcoholic father. An important theme continues to become evident: The actual stresses associated with drinking in the father and with a conflictual marital relationship may not be as crucial as what the family does with these stresses. According to present data, adjustment is enhanced when the family subsystem is able to maintain itself despite the actions of the father. The mother has obvious importance in this task, and as mentioned before, her role will be further elaborated upon in another section.

Several subjects made mention of the ways in which siblings were of aid or harm in fostering an adjustment to the behavior of the father. Most veterans found their siblings helpful. These subjects viewed brothers and sisters as buffers who would, as one nonalcoholic phrased it, "cushion me from the insanity that was sometimes going on in my family." Thus, siblings often banded together and served as a support network for one another when dealing with the father. Several alcoholic subjects, all scapegoats, reported the opposite phenomenon within their households. These individuals tended to be ostracized by their siblings who themselves were vying for either the mother's or father's approval. In such cases, we see how a child's role may deprive him of the support systems that

other family members enjoy.

Abuse and Violence

In this final section concerning overall perceptions of families of origin, physical abuse is considered. Since alcohol ingestion tends to heighten the likelihood of impulsive and aggressive acts, it is no surprise that violence and other disorganized behaviors are common in alcoholic family environments. Estimates regarding the extent of abuse range from 35 to 95%, and while these rates are inconsistent, it is clear that violence is prevalent within these families (Russell, Henderson, and Blume, 1985).

Results obtained in this study are presented in Table 8, and indicate a wide disparity regarding reports of the incidence of violence in the two groups of subjects. Physical abuse occurred in almost all of the alcoholic subjects' homes, as compared with a rate of 50% for nonalcoholics. Overall, when considering the entire sample, violence was present in 70% of families of origin.

Of those subjects that reported violence it was common to experience fear, worry and anticipation about the "next time." This concern occurred whether or not the subject, as a child, was the target of the father's wrath. Many

Table 8

Incidence of Abuse and Violence in Families of Origin According to Group

	Group			
Type of Abuse	Alcoholic (n=10)		Nonalcoholic (n=10)	
	N	%	N	%
None	0	0	2	20%
Verbal Abuse	1	10%	3	30%
Physical Abuse Against Mother	1	10%	2	20%
Physical Abuse Against Mother and Children	8	80%	3	30%
Overall Incidence of Violence, by Group	9	90%	5	50%

	N	%
Overall Incidence of Violence, Whole Sample	14	70%

individuals were particularly disturbed by the father's wife-beating, and discussed their impulse to protect their mother even though it meant certain retaliation on the part of the father. Finally, many subjects reported that the father's violent actions were frequently unprovoked; when they were in response to some real situation, the father tended to disproportionately overreact to events. Violence on the part of the father was always feared within these homes as it tended to trigger bouts of physical acting out among other family members as well.

The extent to which the abuse occurred in the home varied, but in general, it was more pervasive in alcoholic subjects' homes. One alcoholic subject described his childhood situation where it was expected that the father would behave abusively.

> "He was <u>always</u> violent, he'd come home every night smashing stuff. He hit me and my brothers a few times. There'd been times he'd go up to my mother, call her a whore, always try to start trouble with her or the sisters. He always went out, got arrested. There was even a time he went after a police officer with a machete. He's real violent when he drinks. That was probably the most negative thing about him. A lot of times it comes out in me too, I see it in myself."

There were some subjects, mainly nonalcoholics, for whom violence occurred only rarely. Even in these cases, family members experienced the anticipatory fear that the

father would once again lose control.

What are the implications of the above mentioned abuse rates for the current project at hand? Clearly, any abuse is psychologically destructive, but it is probably even more so for the alcoholic subjects where violence tended to be more commonplace. Steinglass and Robertson (1983) reviewed several studies of interest and linked victimization in childhood abuse with an increased likelihood to develop future alcohol or drug addictions. These researchers suggested that there is a strong correlation between violence in the home and the intergenerational transmission of alcoholism. Behling (1979) too found a significant relationship between alcohol and child abuse in parents, and the development of similar tendencies towards abuse in offspring. Mayer and Black (1977) noted the similarities in personalities and situations in alcohol and child-abusing families. Characteristically, these individuals suffer with low self-esteem, dependency conflicts, role confusion, depression, immaturity and impulsivity. And finally, Steinglass and Robertson (1983) had findings which suggested that violent behavior was more prevalent among binge drinkers and less characteristic of those who continuously embibe.

Taken together, these studies certainly corroborate

present results -- i.e., the high incidence of physical abuse in the binge-drinking early environments of the alcoholic subjects, as well as progression of alcoholism from father to son in this group. The interruption of this cycle, as evidenced by the nonalcoholic subjects, can be explained in several ways. Primarily, violence was less apt to occur in these homes. When it did, the abuse was less frequent and possibly not as psychologically damaging. And finally, the nonalcoholic subjects were able to either escape the abuse (via parental divorce) or mollify its effects because they were more likely to possess a variety of personal strengths and a viable support network.

Worden (1984) and others (Cermak, 1984; Vaillant, 1983) have compared some adult children of alcoholics with concentration camp survivors and some war victims. They all probably shared similar "bizarre and abnormal" experiences in which they were the "recipients of sadism," and they all probably suffer from post-traumatic stress disorder. Without help during or after the traumatic and violent events, these individuals develop certain symptoms, such as psychic numbing, survivor guilt and a reexperiencing of the event. All of these symptoms have been noted in some adult children of alcoholics, and in especially those individuals who received little guidance

and support during the times of the traumatic events. These descriptions may well fit many of the alcoholic subjects within this study. They existed in an environment of unpredictable violence, may never have had help in understanding and overcoming their situation, and "grew up feeling powerless over the drinking of their parents and over their own drinking" (Worden, 1984, p. 38).

Research Question Number 2: Childhood Competence and Disposition

What differences, if any, exist between alcoholic and nonalcoholic veterans in their subjective reports of personal competence and dispositional factors during childhood? In this section, several topics pertaining to early adjustment are reviewed. As this review of childhood competence progresses, it should become evident that early adjustment, the way a child copes with familial problems as a youngster, sets the stage for future adult adjustment. This is not a novel idea in any way, but it is a significant one if we are thinking in terms of preventative or rehabilitative measures that may be taken with children of alcoholics. Poor childhood adjustment, evidenced by clusters of problem areas, may alert teachers or other significant adults to family problems concerning alcoholism.

The manifestation of childhood competence closely resembles the effects of role acquisition within a family system. Both essentially refer to similar arrays of psychological, interpersonal and task-oriented mastery, and it is expected that specific roles will coincide with certain levels of mastery while others will not. For

instance, in the role of family hero, an individual excels with people and tasks, but as a scapegoat, an individual develops little competence. Just as with role acquisition, competence is both a vehicle for increased opportunity for development, and a measure of the outcome of that development.

A combination of factors cohere to determine a child's level of competence. Many of these factors have been extensively covered in previous sections and can be generally termed, environmental influences. Other more innate factors, those that reflect a child's disposition, inherent temperament and "biological equipment," also have a direct bearing on the degree of competence an individual can obtain. Within this study, these forces were inferred to exist from reported information concerning areas of childhood performance. Thus, dispositional and environmental factors interact to yield a certain level of competence in a young child or adolescent.

Subjects were questioned about different aspects of their adjustment during childhood. Data are provided in Table 9 according to the differential responses that were given by each group. While the difference is not striking, the beginnings of a discrepancy in competence level is indicated when examining data concerning early friendships. There is a general trend towards greater

Table 9

Factors Related to Childhood Competence According to Group

	Alcoholic (n=10)		Nonalcoholic (n=10)	
Factor	N	%	N	%
Number of Friendships				
None	1	10%	1	10%
Few (1-2)	6	60%	3	30%
Some (3-4)	2	20%	2	20%
Many (≥ 5)	1	10%	4	40%
School Interest and Performance				
Below Average	7	70%	2	20%
Average	2	20%	4	40%
Above Average	1	10%	4	40%
Number of Outside Hobbies and Activities				
None	2	20%	1	10%
One	4	40%	5	50%
Two	2	20%	0	0
Three or More	2	20%	4	40%

Table 9 (continued)

Factors Related to Childhood Competence According to Group

	Alcoholic (n=10)		Nonalcoholic (n=10)	
Factor	N	%	N	%
Outside Jobs?				
Yes	6	60%	8	80%
No	4	40%	2	20%
Earned Esteem from Activities Outside Home?				
Yes	1	10%	5	50%
No	9	90%	5	50%
Childhood Behavior Problems or Sociopathy?				
Yes	8	80%	2	20%
No	2	20%	8	80%

Table 9 (continued)

Factors Related to Childhood Competence According to Group

	Alcoholic (n=10)		Nonalcoholic (n=10)	
Factor	N	%	N	%
Age of First Drink				
0 - 4	1	10%	0	0
5 - 9	4	40%	0	0
10 -14	4	40%	5	50%
15 -19	1	10%	5	50%
Number of Self-Reported Childhood Strengths				
None	1	10%	0	0
One	4	40%	3	30%
Two	5	50%	1	10%
Three or More	0	0	6	60%

Table 9 (continued)

Factors Related to Childhood Competence According to Group

	Alcoholic (n=10)		Nonalcoholic (n=10)	
Factor	N	%	N	%
Number of Self-Reported Childhood Weaknesses				
None	0	0	1	10%
One	2	20%	5	50%
Two	5	50%	4	40%
Three or More	3	30%	0	0

sociability in nonalcoholic subjects, suggesting that they overcame community-wide criticism of their families and were able to gain the acceptance and support of their peers. Much research has focused on children of alcoholics difficulties in making or keeping friends, citing their pervasive problems with interpersonal trust and shame (Cork, 1965; Wilson and Orford, 1978), and these findings would seem most applicable to the alcoholic group of subjects within this study.

The results concerning numbers of friendships implies that the alcoholic subjects remained relatively isolated from their peers maintaining a closer identification with their families, while the nonalcoholic subjects compensated for the social distance they felt from their fathers by establishing more peer relations. Two forms of coping with parental alcoholism, isolated versus social, seem to emerge. Nonalcoholic subjects tended to cope through social methods, talking with friends and participating in group activities, and alcoholic subjects reported engaging in more solitary activities, i.e., smoking or trying to forget their problems. Rouse, Waller and Ewing (1973) found a similar distinction between children of alcoholics and a control group and reported greater levels of stress, depression and anxiety in children who tended to remain isolated. It is not

difficult to infer then, that some of the subjects within this study coped with stress and negative affect associated with their family situations in adaptive ways while others did not. It is also easy to imagine that childhood coping styles persist into adulthood and continue to affect the way in which one deals with stress.

The next factor concerning early competence, school performance, also reflects the greater success among nonalcoholic subjects. Looking at this variable, combined with an increased tendency for nonalcoholic subjects to participate in outside activities and jobs, it is suggested once again that nonalcoholics were more able to become oriented towards events that were occurring outside the home. We may also surmise that alcoholic subjects continued to remain focused on family conflicts rather than on other activities that might help to offset their experiences with their fathers. All in all, half of the nonalcoholic subjects felt they received esteem from outside of the home, while only one alcoholic subject reported this phenomenon. Nonalcoholic subjects seemed generally more able to utlize external resources in a compensatory way, and to develop strengths that would facilitate positive overall adjustment (Vaillant, 1983).

Instead of having assets, most alcoholic subjects reported being entrenched in patterns of misbehavior, and

sometimes early drug and alcohol abuse. The onset of this pattern was most typically during mid- to late adolescence although several veterans reported more long-standing problems. Alcoholic subjects described two main courses of social deviance. One was the more classically solitary type in which the individual had few interpersonal connections and was essentially viewed as "odd" and an outcast; the other involved an attempt to belong to a peer group through rebellious and antisocial acts. Both forms of adjustment were clearly maladaptive and prevented the child from gaining the benefits of a positive support system.

Most nonalcoholic subjects tended to deny any persistent behavior problems. Several did, however, report their early difficulties with authority figures which they were able to relate to problematic relationships with fathers. These nonalcoholic veterans also described the adaptive ways through which they dealt with their tendencies to rebel. One subject identified himself with other students who were interested in alternative educational methods, another became very involved in sports, and still another joined the military at an early age and assumed a position of leadership. Each of these individuals managed to channel his impulses to rebel into socially acceptable or conventional

endeavors. In so doing, he avoided incurring any future negative responses from authority figures and rather, received praise and recognition for his work.

Some examples are offered to highlight this difference between groups of subjects. One alcoholic subject juxtaposed his loneliness and feelings of inferiority as a child with his tendency to attempt to gain esteem through association with the "rowdy guys." This crowd was composed of certain neighborhood acquaintances as well as the subject's older brothers. No one was described as ever really communicating but instead, they would "avoid talking to each other. No one interacted much in a social kind of way. We'd be together but be by ourselves, be alone." The same subject continued to explain that together the group would be "tough and rowdy and try to intimidate others. We were into drugs and alcohol early on, involved in a car theft ring. Some guys went to prison at an early age, one guy for arson, and several attempted suicide."

In contrast, a nonalcoholic subject described his transition from a stage in which he had early school problems, to one in which he excelled in sports. This particular individual attributed these changes to guidance he received from a male teacher.

> "I remember I had to repeat the second grade, really because I was a very active kid. I think

> I was acting out a lot of what was happening at home, my anger and things. The teachers couldn't handle me at all. In third grade, I ended up sitting behind a screen in school, in the back of the class in the corner, and I had to make my own dunce cap. I would never tell my father because I didn't know what he would do. Right after that time, in the 5th or 6th grade, I think, I had a teacher that was a male. That's when I started sports. He seemed to be somewhat of an influence, trying to get me to do those kinds of things. He said, 'why don't you try this, you might be good at it?' and I was. I didn't realize it then, but when I could bash that football around, I didn't have problems in school anymore. And on top of that, I excelled at the sports I played at."

Consistent with the findings just mentioned, the present data also indicate that alcoholic subjects generally began to use alcohol during childhood or early adolescence while the distribution for age of first drink for nonalcoholics was skewed towards middle or late adolescence. Additionally, alcoholic subjects reported greater enjoyment of early drinking experiences and a greater tendency to use alcohol to, as one subject stated, "forget what I didn't like about myself." These motivations for drinking will be further discussed along with attributions in a later section but for now, suffice it to say, that alcoholics reported more personal weaknesses and fewer strengths as children, and general personal relief associated with early drinking. It appears then, that at a young age, alcoholic subjects followed the example set by the father, and coped with

personal distress through drinking. This tendency is consistent with the results of Schuckit and Russell (1983), who found that "the age at first drink varied inversely with adult alcohol consumption and frequency of drinking, incidence of alcohol-related problems, and incidence of drug use and associated problems" (p. 1221). In contrast, nonalcoholic subjects first drank at an older age, and coped with stress through social means and a more effective mastery of their environment.

The differential competence level between individuals in the two groups reflects certain dispositional tendencies, but in addition, a disparity in available social resources. This concept is further pursued in the next section.

Research Question Number 3: Childhood Social Support Systems

What differences, if any, exist between alcoholic and nonalcoholic veterans in their subjective reports of childhood social networks and social support systems? In this section, the impact of the nondrinking spouse on the emotional adjustment of the child is considered. Other significant adults who may also have played a critical role for the child are also discussed.

An overall assumption espoused within this work is that the tasks of coping with childhood stresses are either facilitated or obstructed by adult family members or friends. Psychological maladjustment to stress it is maintained, is not the "private misery of an individual, but is intrinsically tied to the breakdown of natural sources of social support in an individual's life involving family, friendship and religious affiliation" (Holahan and Moos, 1981, p. 365). Empirical evidence from several investigations has strongly suggested an inverse relationship between social support and several indices of psychological maladjustment and emotional distress (Andrews, Tennant, Hewson and Vaillant, 1978; Holahan and Moos, 1981).

The successful resolution of the crises of dealing with the father's alcoholism largely depends on the actions and reactions of the mother. For this reason, subjects were questioned about their perceptions of their mothers' ability to cope with the spouses' alcoholism. A strong impression validating the crucial role of the nondrinking parent was derived from responses given by veterans.

In general, descriptions of mothers fell into two categories although in some cases, discrete classifications were not possible. Alcoholic subjects tended to characterize their mothers as distraught, overwhelmed, and preoccupied with their spouse's behavior. In contrast, most nonalcoholics felt that their mothers had come to grips with their situations; they were more able to accept their limitations vis-a-vis their husbands and having done so, gave up the notion that they were capable of curing him. For the sake of simplicity, alcoholic subjects had mothers who could be termed "enablers," while the other group could be labeled "insightful" mothers. Incidentally, in both groups the mothers tended to take on the additional responsibilities of the father. As such, her "workload" appeared to be independent of the ability of the mother to achieve positive adjustment and develop insight about the dynamics

of the marital relationship.

Enabling mothers of the alcoholic subjects occupied various positions along a continuum which theoretically represents the extent to which she helped sustain her husband's addiction. At one extreme, a few mothers, after much protestation, joined with the father and regularly drank to placate him. One subject stated that his mother was "full of criticism; it was absolutely nonstop. It always seemed to be a way of bolstering her own position, her own self. Then, like clockwork and for no apparent reason, she'd succumb and drink with him and they'd be buddies." Several other mothers of alcoholic subjects periodically appeared to precipitate binges in the father by acting abusively or provocatively. This causal dynamic was most difficult to discern from the data because subjects often reported parental interactions which tended to escalate in conflict. And finally, the most common response on the part of the enabling mother was to attempt to rehabilitate her husband. These mothers were described as seemingly "burdened" by their spouses, were often abused, and were alternately engaging in rescue operations and then making threats of abandonment without actually carrying them out. Their behavior, like that of the alcoholic, was markedly inconsistent. She was characterized as "critical and nagging" yet protected her

husband from suffering the consequences of his drinking.

Insightful mothers of nonalcoholic subjects seemed to cope more effectively with their husband's drinking. From veterans' descriptions, these mothers behaved with greater consistency towards the spouse and children. They generally were less preoccupied with the alcoholics' actions and demonstrated more interest in extrafamilial and job-related activities. As previously noted, several mothers were accomplished professional workers who devoted a good deal of energy to their careers. For the most part, nonalcoholic subjects felt that their mothers either accepted their husbands, the disease, and understood their personal inability to control it, or rejected the entire situation and divorced the alcoholic. A subject from an intact family referred to his mother's stability and stated that "she was the matrix of the family. She held it together. She didn't get overly concerned about what dad was doing, she just dealt with the here and now and took care of us kids."

It is possible to interpret the mother's reaction to her spouse in different ways. It has been postulated that some wives of alcoholics do to some extent "unconsciously encourage their husbands' alcoholism because of their own neurotic needs; [it is suggested that] if the husband becomes sober, the wife often begins to show neurotic

symptoms" (Mueller, 1972, p. 80). An adjustment to stress approach, in contrast, views enabling as a "disturbance that is derived essentially from the cumulative stress of living with an alcoholic" (Mueller, 1972, p. 80). In this later approach, the mother, like the child, can make use of available resources and learn to cope more effectively. Jackson (1954) avoids the conceptualization that the mother is blameworthy and encouraging of her spouse's drinking. Rather, Jackson views enabling or insightful responses to alcoholism as different and progressive phases of a spouse's adjustment. Finally, with regard to the differences in descriptions of mothers in the two groups, one may look towards the concomitant drinking styles of fathers. As already mentioned binging (in fathers of alcoholic subjects) may be more disruptive than continuous inebriation and may preclude family stability and the development of insightful responses in the mother.

There is one final point to consider as one looks at spouse reaction to alcoholism in the husband. In this study, subject reports about mothering were elicited and obviously, these reflect the perspective of the interviewee. If subjects' siblings were to be questioned, siblings who are problem or problem-free drinkers, mothers might be described differently. We can speculate about

the possible reasons for these differences. First, each mother may have varied in her capacity to be insightful and may have become less enabling as time passed. Thus, offspring may have been exposed to uniquely varied maternal responses during different critical developmental periods. Next, it is conceivable that a mother reacted in widely disparate ways towards her offspring. For some children, most probably heroes, she was supportive, informative, and full of praise. This was probably not the case with scapegoats who generally received very little encouragement or positive feedback. Lastly, subject reports may have become perceptually distorted as individuals have grown into adulthood and have attempted to make sense of their childhoods. Nonproblem drinkers may have come to see mothers as positive figures, while alcoholics may have tended to distort their recollections in more negative directions.

Subjects were next interviewed about the perceived impact of the mother on the children. Discussion involved two major areas -- the personal relationship with the mother and the mother as a role model.

Reports regarding relationships with mothers were variable but tended to suggest a more positive evaluation among nonalcoholic subjects. Some nonalcoholics, mostly family heroes, experienced a close emotional bond with

their mothers. While these veterans frequently took on some paternal responsibilities, they reported feeling "protected and provided for" by the mother. Within this context of positive emotional contact, they also reported receiving information, support, and reassurance about the father's behavior.

Alcoholic subjects claimed to experience less of a bond with their mothers and related this perception to their conflicting loyalties to both parents. Many of these group members disliked the mothers' overt criticism of the father yet also, resented the ways in which the father behaved. Generally speaking, from these subjects' points of view, both mothers and sons experienced confusion and ambivalence about the father and likewise, about each other. Subjects who played the scapegoat family role predictably felt the most bitter. They reported that the mother tended to single them out to dislike, deprive and punish. It was also suggested that it was because of his resemblance to his father that the scapegoat was most blamed.

Regardless of what a subject consciously experienced in relation to his mother, data appears to indicate that nonalcoholics' mothers were more positive role models than those of alcoholic subjects. The influence of parental modeling may be indirect, but is still critical to family

dynamics and the development of drinking styles among offspring.

In general, mothers of nonalcoholics modeled effective coping skills in resolving the crises that accompanied the fathers' drinking. Kaplan, Smith, Grobstein and Fischman (1977) comment that positive coping involves comprehension of the traumatic events; "comprehension in this context means learning to accept one's new life circumstances, however painful, and then acting in accordance with the new conditions that follow the crises-precipitating events" (p. 84). As previously discussed, these mothers seemed to evidence insight into their situations. They also demonstrated an ability to actively master crises by becoming less focused on the spouses' alcoholism and more attentive to their own and their childrens' needs. In these cases then, offspring had the benefits of maternal consistency, emotional support, and information about what was occurring within their families. These children experienced some degree of emotional satisfaction with an adult who had achieved a productive solution to what otherwise may have been viewed as a pathogenic situation.

Alcoholic subjects, on the other hand, were mostly exposed to mothers who were still very much enmeshed with the alcoholic spouse. Within these homes, mothers seemed to enact their ambivalence, guilt feelings, and erroneous

sense of omnipotence towards the spouse, and continuously interfered with the husbands' drinking or its consequences. They had probably not yet achieved a sense of insight and objectivity about their situation, and so, behaved in an inconsistent manner towards the alcoholic and in front of the children. Offspring in these homes were thereby deprived of not only a satisfactory bond with the father, but in addition, a compensatory relationship with the mother. Overall, they had no parental role model to demonstrate adequate adaptation to stress nor a lifestyle that was independent of alcohol.

Several investigators present results which corroborate the importance of the mother to children who grow up with alcoholic fathers. Barnes (1977) maintains that experience with inadequate, inebriated fathers can be offset by the presence of more "appropriate maternal role models." Mothers can support the development of a cohesive and stable identity in children even when fathers exhibit grossly antisocial behavior. When this positive mothering influence is missing, offspring show evidence of "incomplete socialization; they are likely to engage in significantly more deviant acts including problem drinking, and exhibit tolerance for a wide range of social transgressions" (Barnes, 1977, p. 575).

Obuchowska (1974) supports the contention that "the

social and psychological situation [of the child] depended almost entirely on the mothers" (p. 2). In her work, when children had emotionally satisfying contact with the mother, they were more likely to engage in "positive social behavior" and to compensate for their family deficits through affiliation and achievement at school. Without the positive maternal bond, children were less likely to demonstrate compensatory mechanisms. They exhibited "generalized negative attitudes towards social values" and a lack of achievement motivation and need for affiliation.

A family-systems perspective can also shed light on the effects of the enabling versus insightful mothers. The enabling mothers of alcoholic subjects, in their preoccupation with the alcoholics' behavior, neglected other elements of family functioning. In essence, the alcoholic father was permitted to interrupt most normal interactional patterns in which persons other than the alcoholic were the focus. Insightful mothers were more likely to concentrate on aspects of family interaction which stabilized and preserved its collective sense of itself and thereby prevented the pervasive intrusion of the alcoholic. A case in point of this later type of family is the example that was provided by a nonalcoholic subject earlier in this paper. The subject explained that

the alcoholic father was noticed but essentially ejected from family interactions whenever his behavior was disruptive. The mother initiated this response which was concretely manifested by the moving of the bar away from the primary family room and into the basement. Other nonalcoholic subjects commented that their families had discussions and attended school or social events without the father, when necessary, and of course functioned completely independently of him if parental divorce had occurred. Alcoholic subjects were more apt to describe overall disruption of family events by the alcoholic father.

These particular findings support the tenet that some families resist change and upheaval, in the form of disruption by the alcoholic, more than others. Significant research by Wolin, Bennett, Noonan and Teitelbaum (1980) was designed to investigate this idea; findings suggest that families strive to protect their identities from the destructive effects of parental alcoholism through the continuation of certain "customary rituals." Rituals were considered to be repetitive and symbolic forms of communication that the family performed to support its sense of unity. Specifically, it was found that "'subsumptive' families, whose rituals were altered during the period of heaviest parental drinking, were more

likely to transmit the alcohol problem to the children's generation than were 'distinctive' families, whose rituals remained intact." (Russell et. al., 1985, p. 50). In summary then, it may be currently hypothesized that insightful mothers, more than enablers, protected the interactions of the family and in so doing, lessened the likelihood of the transmission of alcoholism to offspring.

Finally, it is relevant to attend to parental surrogates and significant adults when investigating support systems of children of alcoholics. Perrin (1983), Chafetz (1978) and others have underscored the importance of supportive and understanding adults when positive parental relationships are absent. Data from the present study reinforce this contention -- all nonalcoholic subjects felt particularly supported by either the mother, or a close relative, an adult friend or teacher, while this was the case for only 4 of the 10 alcoholic subjects. It is not difficult to understand how these proportions might occur. Heroes would be likely to invite praise, admiration and support from adults but scapegoats offend and drive others away. But an outstanding fact remains: Nonalcoholic subjects seemed to have and cultivate a greater number of social support resources than did alcoholics. This protective factor almost certainly helped to mollify the stressful effects of alcoholism in the father.

Research Question Number 4: Attributions About Drinking

What differences, if any, exist between attributions that alcoholic and nonalcoholic veterans make about their fathers' alcoholism and their own drinking styles? Many researchers have begun to utilize attributional approaches to better understand psychopathology and degree of personal adjustment (Harvey and Galvin, 1984; Reid and Zeigler, 1981; and Worell and Tumilty, 1981). It is reasoned that individuals formulate inferences about their own nature and about causes for significant experiences in their lives. Additionally, stressful events are believed to prompt attributional assignments and presumably, resultant cognitions can at least in part determine the quality of adjustment. The nature of attributions can thus either enhance or hinder effective adjustment.

In the introductory section, attributional activity and in particular locus of control of alcoholic individuals was considered. The notion that alcoholics would manifest greater externality, due to their tendency to be unsure of personal efficacy, was only substantiated by several studies. Other research found alcoholics to be more internal when compared with nonalcoholics, ostensibly

because addicts feel they can control their moods, anxieties, and bodily states through use of substances. Most previous research has used Rotter's I-E scale. Several authors have suggested that this scale is of questionable relevance in populations who demonstrate addictions (Worell and Tumilty, 1981). Because this measure may not be oriented towards substance abusers, open-ended inquiries about attributions were utilized for this project.

Subjects were directly asked to explain their fathers' alcoholism, their own drinking style, and the differential occurrence of problem or problem-free drinking in adult children of alcoholics in general. Responses were categorized using the CAVE technique and classified along "internal-external," "stable-unstable," and "global-specific" dimensions. Results were summarized according to group status, and are presented in Tables 10, 11, and 12. All three tables offer information regarding the first response that subjects gave for each question. Although some subjects made several causal attributions for each event in question, it was reasoned that the first response was most significant. Evidence concerning the principle of "salience" suggests this and predicts that "top-of-the-head" perceptions are most vivid, accessible and indicative of prominent belief sets (Harvey and Weary,

Table 10

Formal Characteristics of Attributions Regarding Father's Alcoholism

Dimension	Alcoholic (n=10)	Nonalcoholic (n=10)
Internal		
Stable-Global	1	2
Unstable-Global	0	0
Stable-Specific	1	0
Unstable-Specific	0	0
External		
Stable-Global	6	5
Unstable-Global	0	0
Stable-Specific	0	1
Unstable-Specific	0	0
Both Internal and External		
Stable-Global	2	2
Unstable-Global	0	0
Stable-Specific	0	0
Unstable-Specific	0	0
Total	10	10

Table 11

Formal Characteristics of Attributions Regarding Personal Drinking Pattern

Dimension	Alcoholic (n=10)	Nonalcoholic (n=10)
Internal		
Stable-Global	4	6
Unstable-Global	0	0
Stable-Specific	0	0
Unstable-Specific	0	0
External		
Stable-Global	6	1
Unstable-Global	0	0
Stable-Specific	0	0
Unstable-Specific	0	0
Both Internal and External		
Stable-Global	0	2
Unstable-Global	0	0
Stable-Specific	0	0
Unstable-Specific	0	0
No Response	0	1
Total	10	10

Table 12

Formal Characteristics of Attributions Regarding Drinking Pattern of All Adult Children of Alcoholics (ACOA)

	Group			
	Alcoholic (n=10)		Nonalcoholic (n=10)	
Drinking Pattern of ACOA	Alcoholic	Nonalcoholic	Alcoholic	Nonalcoholic
Dimension				
Internal				
Stable-Global	2	7	6	8
Unstable-Global	0	0	0	0
Stable-Specific	0	0	0	0
Unstable-Specific	0	0	0	0
External				
Stable-Global	6	3	2	0
Unstable-Global	0	0	0	0
Stable-Specific	0	0	0	0
Unstable-Specific	0	0	0	0

Table 12 (continued)

Formal Characteristics of Attributions Regarding Drinking Pattern of All Adult Children of Alcoholics (ACOA)

	Group			
	Alcoholic (n=10)		Nonalcoholic (n=10)	
Drinking Pattern of ACOA Dimension	Alcoholic	Nonalcoholic	Alcoholic	Nonalcoholic
Both Internal and External				
Stable-Global	2	0	2	1
Unstable-Global	0	0	0	0
Stable-Specific	0	0	0	0
Unstable-Specific	0	0	0	0
No Response	0	0	0	1
Total	10	10	10	10

1984). In the cases in which subjects mentioned both "internal" and "external" attributions within the single first response, intermediary classifications were made.

Results concerning attributions can be stated as follows. There was essentially no difference between groups when examining causal explanations for father's drinking. Most subjects in both groups ascribed the alcoholism to external events and therefore believed that father's drinking was triggered by other people, environmental occurrences or just plain bad fortune. Two subjects in each group made internal attributions, suggesting the perception that fathers had personal control over their actions, and the remaining two subjects per group believed that internal and external events combined to determine parental drinking styles. There was virtually no variation among responses on the stability and globality dimensions; most answers were characterized as stable and global.

Subjects were next questioned about their own drinking. Nonalcoholic subjects tended to believe that their moderation was due to internal or, for two subjects, a combination of internal and external factors. Alcoholic subjects had less within group uniformity in their perceptions. Almost equal numbers of subjects explained their drinking problem in either internal or external

ways. Once again, attributions were consistently stable and global.

Finally, subjects gave attributions for all adult children of alcoholics and were asked to account for the variation in drinking patterns within this population as a whole. Since this question addressed perceptions about a generic group, offspring of alcoholics, it may have enabled subjects to respond less defensively than with the other two interview items. If so, these particular responses may most veridically represent cognitive appraisals concerning beliefs for problem or problem-free drinking. Some interesting trends emerge in the data. First, and most importantly, individuals in both groups often cited different types of attributions (that is, internal versus external) to explain the occurrence of either alcoholism or moderate drinking in offspring. While information about any individual is not evident when data is summarized according to group, this shift in explanation was most pronounced for several individuals in the alcoholic group. In general though, problem-free drinking was typically viewed as a result of internal factors while problem drinking was not. Next, there was an overall tendency for nonalcoholic subjects to be more internal in their attributions than subjects in the other group. Once again, this trend was more accentuated when

subjects were explaining problem-free drinking. Finally, all subjects reported beliefs that could be characterized as stable and global.

A striking finding in this study involves the uniformity of responses along two of the three attributional dimensions. Except for a few isolated deviations, all subjects reported beliefs that were stable, or persistent over time, and global, that is applicable to a wide variety of situations. These results may in part be artifacts of the research measure that was utilized. It is possible that subjects reacted to the interview format itself, and responded to what may have been perceived as a general question with a general answer. It is also conceivable that responses become more generalized along the two dimensions in question when individuals were asked to make retrospective assessments. This latter possibility would be particularly applicable to queries regarding the father's drinking.

Despite these problems, results seem to indicate that subjects varied only along the locus of control dimension. Individuals in both groups tended to change the nature of their locus of control explanation depending upon the event in question, and variably viewed drinking patterns as internally or externally instigated. However, stability and globality remained perceptually constant.

This may suggest some conceptual issues; perhaps subjects had previously derived general attributions about style of alcohol consumption so that interview responses tended to be presented as invariable. Also, because of the enormity of the impact of parental personal alcoholism on their lives, subjects may not view explanations for drinking in situation-specific or time-limited ways. In any case, because of the nature of the results, only locus of control will be considered in the remainder of this section.

As mentioned above, results indicated the following: a) Most subjects in both groups made external attributions about their fathers' drinking; b) Nonalcoholic subjects tended to be internal while alcoholic subjects were less consistent in explaining their own drinking patterns; c) Concerning all adult children of alcoholics, nonalcoholics tended to be more internal than alcoholics but only in their explanations for problem drinking; and d) For general responses again, there tended to be a response shift in both groups so that subjects viewed the genesis of problem and problem-free drinking differently.

Despite the widespread criticism that subjects and especially nonalcoholics had voiced about their fathers, fathers were generally not blamed for their drinking problems. Rather, subjects tended to make attributions

like, "I'd blame it on the booze. It has a life of its own;" or, "he was very involved in all those VFW clubs. It's part of those clubs to do that kind of thing, to get smashed;" or finally, "My mother was always at his heels and very possessive. So he was just reacting to her." It is intriguing that subjects should be so forgiving when explaining the fathers' problem. Perhaps this perspective developed over time and represents some sense of resolution regarding the discrepancy between the fathers' intentions and actions. This is more likely the case for nonalcoholic subjects who frequently made allusions to changes they had undergone in their perceptions of their fathers. Alcoholic subjects, on the other hand, had more that was personally at stake when questioned about their fathers. They had literally "followed in his footsteps" and in a very complex manner, had closely identified with the father and everything he represented. For defensive reasons then, alcoholic subjects would not view their fathers as blameworthy.

Responses to questions about personal drinking and drinking status among all adult children of alcoholics yielded predictable results in nonalcoholics but inconsistencies among alcoholic subjects. While further discussion will follow concerning this group, it is understandable that nonalcoholics, who have achieved

control in their own drinking, would generally believe in the personal abilities of an individual to determine his drinking style. Responses of the alcoholics were more confusing and merit some explanation. What follows, then, is an analysis of some general issues as well as a discussion pertaining to the inconsistent attributional responses of the alcoholic subjects.

It is first important to consider some general methodological concerns. Hinrichsen (1976) has pointed to flaws in uncontrolled studies and has maintained that attributional style covaries with SES, age, and ethnicity. The present work was not designed to be an experimental study, and did find that there were some predictable differences between groups in SES. While this could be responsible for some variation in attribution between the groups, it is unlikely that this rationale could be applied to within group variation among alcoholics where SES was consistently low.

Also, another valid methodological issue involves the questionable impact of prior treatment, in this case the uncompleted treatment programs for three alcoholic subjects, on individual's viewpoints and perceptions. In discussing locus of control, Rotter (1982) maintained that generalized expectancies are important and enduring personality characteristics. It is unlikely that brief

and interrupted treatment contacts could induce far-reaching attributional changes. It would also be difficult to ascertain the direction of these subjects' expectancy shifts since alcoholism treatment may induce either a sense of personal control or powerlessness, as fostered by the AA philosophy. It is assumed for present purposes that obtained results were fairly accurate.

There is, however, another important factor related to assessment that may have influenced outcome. It involves the tendency for individuals to give responses that are viewed as socially desirable. Rotter (1982) stated that there is evidence that internal attitudes are considered to be more socially desirable even at a very young age. Subjects in the study therefore, may have expressed causal judgements to please the interviewer. But, this is perhaps more likely with the alcoholics who, because of their inpatient treatment status, may have highly valued the potential approval of a psychologist.

There are several other factors that limit our ability to make clearcut interpretations of the results. To begin with, testing may be tapping into what subjects need to present verbally about themselves, but this might not coincide with true beliefs or the nature of actions they might take. In these cases attitudes regarding locus of control serve as defenses or rationalizations for

individuals. This is a form of the "self-serving hypothesis" (Harvey and Weary, 1984) which may account for various scenarios: a) the "defensive external" who expresses external attributions to avoid responsibility for failure, but acts in an internal fashion e.g., in competitive situations; b) the "defensive internal," who is, for instance, substance-addicted and in obvious distress, but who needs to maintain a feeling that he is in control of his life; and c) the reported internal, who "represses failures and unpleasant experiences, reports less anxiety and fewer symptoms and thereby creates a positive relationship between internality and adjustment" (Rotter, 1982, p. 273). It becomes difficult, then, to distinguish these defensive postures about personal drinking patterns from attributions that are veridical with true beliefs and actions. Several questions thus arise. Do the external alcoholic subjects truly attribute events to environmental causes or are they avoiding the notion that they personally have failed? Do these same subjects who evidence internality need to maintain a facade control or have they truly come to see themselves as able to determine their destiny through the use of alcohol? And finally, are internal alcoholic subjects repressing thoughts about helplessness versus experiencing

personal control? Questions such as these limit the surety with which one can interpret results.

Despite these limitations, certain statements can be made. Several researchers, in their attempts to predict behavior based on locus of control, began to identify classes of situations that would have special meaning to individuals. Generalized expectancies were studied in combination with specific expectancies for specific situations. What evolved from this research was the idea that, "control beliefs concerning one domain of events may not necessarily be correlated with control beliefs in other domains" (Gregory, 1981, p. 79). Specifically, Crandall, Katkovsky and Crandall (1965) have demonstrated that attributions do not appear to generalize across success and failure situations.

This finding is particularly relevant to the current study because it is very likely that children of alcoholics equate alcoholism with failure and moderation with success. It would also stand to reason that alcoholic subjects, those who have failed, would more likely need to maintain their self esteem through defensive attributions about their own drinking. This explanation sheds some light on the inconsistent responses of alcoholics when they were queried about personal drinking styles. Whether there is a true nature of

alcoholics with regard to locus of control, or different types of internals and externals still remains an open question.

Finally, failure and success outcomes did seem to uniformly affect both groups of subjects when they were questioned about the drinking of the entire population of adult children of alcoholics. All individuals were more likely to ascribe nonalcoholism/success to internal powers such as "will power, motivation or insight." There was greater leniency expressed towards problem drinking/failure, although not surprisingly, this was a trend accentuated for alcoholic subjects who themselves occupy a problem status.

Having reviewed various factors which may have influenced the results, we are left with questions about the meaning of different locus of control responses. Rotter (1982) postulates that true externality, beliefs that events are controlled by forces outside one's control, implies relative passivity, lack of ambition and a sense of noncompetition. External individuals would not be as likely to attempt to master adversities such as parental alcoholism nor to initiate changes within their lives. Internality, or beliefs of personal control, suggests a more active stance and an application of one's efforts and abilities to life problems. Nonalcoholic

subjects tended to generally believe in an individual's inherent control, except when referring to their fathers. But they very definitely expressed internality when explaining success experiences, i.e., their own patterns and the general problem-free drinking of some adult children of alcoholics.

What may have led to the development of internality concerning self-evaluation among nonalcoholic subjects? Gregory (1981) maintained that "belief in personal control involves more than a cognitive appraisal of the factors in some transient situation" (p. 70). Rather, the bases for beliefs in I-E are viewed as beginning to have been formed during the early stages of a child's development (Reid and Zeigler, 1981). A child comes to believe that events are contingent upon his own behavior if his actions are regularly followed by some type of reinforcement that is of value to him. Over the years, this child develops a generalized expectancy that situations are potentially controllable. Conversely, a child may have had confusing early experiences or a noncontingent reinforcement history and conceptually developed a belief in external or nonpersonal causation.

It is very likely that nonalcoholic subjects had opportunities which enabled them to develop perceptions of personal determination or "effectance" (Reid and Zeigler,

1981). A positive mothering relationship, other supportive adults, and continuous success experiences outside the home may have contributed to a sense that personal actions would end in predictable and positive results. These experiences could have very possibly compensated for interactions with the father, and in so doing, have served to offset perceptions of nonpersonal causation. It is interesting at this point to refer back to distributions regarding I-E control but now to look additionally at locus of control according to family role of subject. This breakdown is presented in Table 13. Results clearly evidence greatest internality among family heroes, individuals who probably received the most consistently positive feedback for their actions. Predictably, family scapegoats in the alcoholic group were most external, although mainly when describing failure outcomes.

The impact of inconsistent, performance-related reinforcement during childhood is more complex for alcoholic subjects. Jones and Berglas (1978) have hypothesized that alcohol use and low achievement status, characteristic of most of the alcoholic subjects in this study, "serve as strategies to externalize the causation of poor performance and to internalize the causation of good performance" (p. 200). Their rationale would thus be

Table 13

Locus of Control of Attributions Concerning all ACOA According to Family Role

Group	Problem-Drinking ACOA			Problem-Free Drinking ACOA		
	I	E	Both I & E	I	E	Both I & E
Alcoholic						
Hero	-	-	-	-	-	-
Scapegoat	0	4	1	3	2	0
Lost Child	1	2	0	2	1	0
Parentified Child	1	0	1	2	0	0
Nonalcoholic						
Hero	4	0	0	4	0	0
Scapegoat	-	-	-	-	-	-
Lost Child	1	1	2	3	0	1
*Parentified Child	1	1	0	1	0	0

*One subject had no response for problem-free drinking.

applicable to only some of the alcoholic veterans under study, namely those who felt problem drinking to be beyond personal control. Theoretically, these children received conditional parental approval and reinforcment for actions that did not predict future success. They then became excessively concerned with a personal sense of self-competence and developed a "need to protect that conception from unequivocal negative feedback" (p. 202). Eventually, these individuals turned to chronic alcohol use as a way of reducing personal responsibility for any anticipated and much-feared failures. Alcohol use is thus viewed as a "self-handicapping strategy" which is designed to protect certain individuals from injury to their precarious sense of self-competence. Alcohol use serves to enhance self-esteem and thereby possesses great appeal for the self-handicapper.

The implications of this and previous discussions are far-reaching. If we assume that beliefs and actions are related, and that attributional sets vary according to experience, the importance of offering children of alcoholics early success experiences becomes clear. Early screening of children who seem to lack a sense of competence is necessary. So too is the training of the nonalcoholic spouse or other significant adults. When necessary, parents must be educated about the need to

provide overall interest and affection as well as consistent, contingency-based approval for children's actions. Finally, psychotherapy can be utilized to encourage reattribution. The goals of therapy usually are dualfold: there are "attempts to change internal attributions for current maladaptive behavior to external ones and attempts to change external attributions for adaptive behavior into internal attributions" (Harvey and Galvin, 1984, p. 16). In terms of this study, desired attributional style for alcoholics is somewhat paradoxical. Addicted individuals would probably most benefit from evidenced externality or lack of self-blame regarding the etiology of their alcoholism, but internality or a sense of personal control about their future prospects for change.

Research Question Number 5: Attributional Themes

What thematic sub-categories, if any, exist that may further elucidate the three formal dimensions of attributions made by alcoholics and nonalcoholics? Tuchfeld (1981) has suggested that cognitive theories and an "increased vocabulary of motives" serve to justify and explain personal courses of action for individuals. According to this model, people naturally generate explanations regarding the nature of their adjustment, and with time, become more certain about the etiology of their problems.

This explanatory style serves to sustain an individual's sense of commitment to his stereotypical behavioral manner. Thus, nonalcoholics reinforce their commitment to abstinence or moderate drinking through the use of certain thoughts which act as cognitive controls. Alcoholics also remain committed to their drinking patterns via their cognitions, but in these cases, thoughts foster a behavioral lack of control. This "commitment mechanism" approach to the maintainence of behavior underscores the importance of exploring cognitions when treating persons who manifest

maladjustments. As already mentioned, interventions may need to focus on modifying explanations for behavior, with the desired goal of decreasing one's commitment to a particular behavioral course of action.

Several topics are covered within this section. First, subject data are used to provide a general analysis of the development of problem or problem-free drinking. Second, specific thematic sub-categories of locus of control attributions are reviewed. And finally, subject responses to interview items specifically requesting internal and external explanations for patterns of drinking are presented.

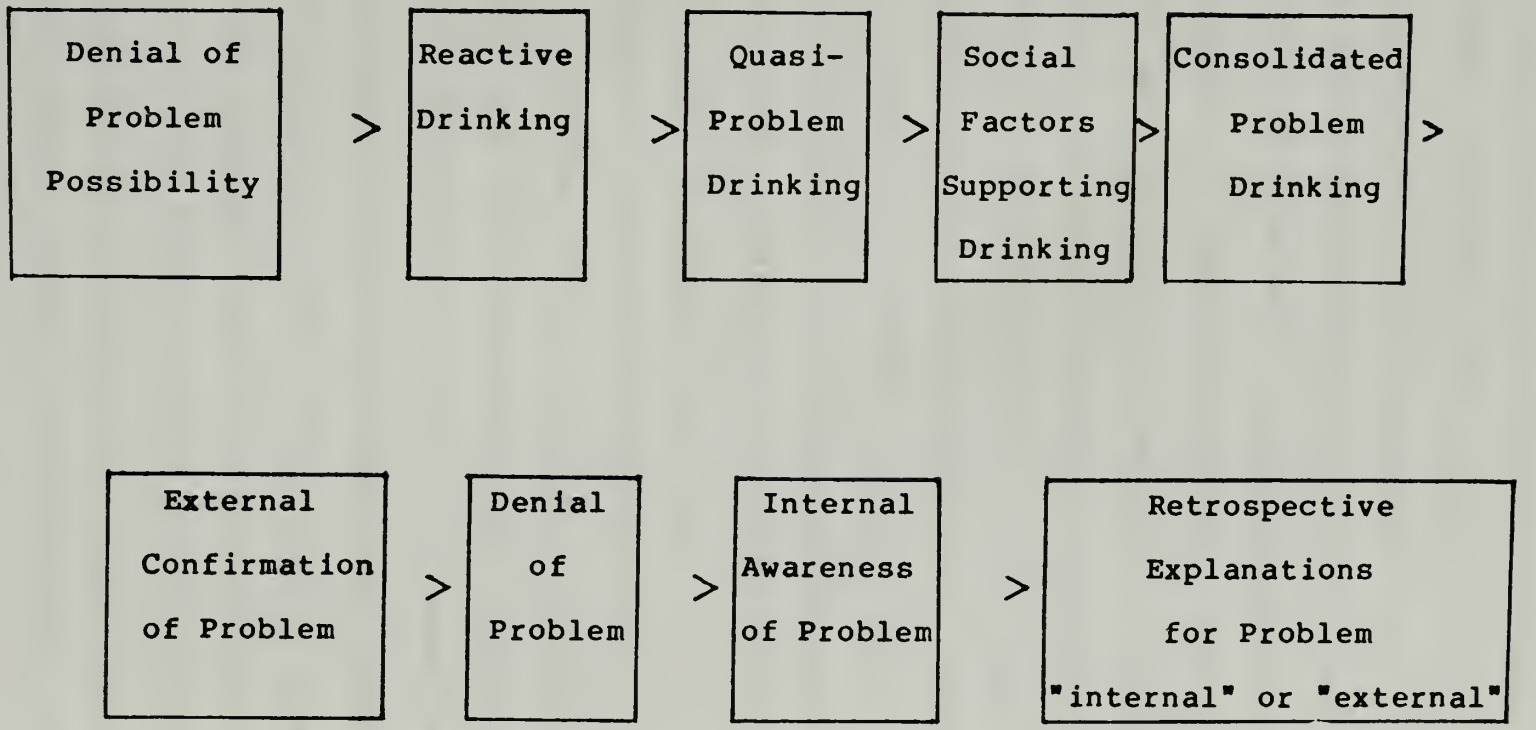
Analysis of the Development of Drinking Patterns

Results suggest that the acquisition of a problem status with respect to drinking, and similarly, the maintainence of a nonalcoholic status involves two distinct processes. Beliefs about these processes were readily discernible from subject reports; reports for individuals within the same group were comparable.

For alcoholic subjects, descriptions of the onset of problems followed similar lines of reasoning (see Figure 3 for a pictorial representation of the results). Most subjects recalled having believed that they would never develop problems like their fathers because they

Figure 3

Cognitive Appraisal of the Development of Problem Drinking



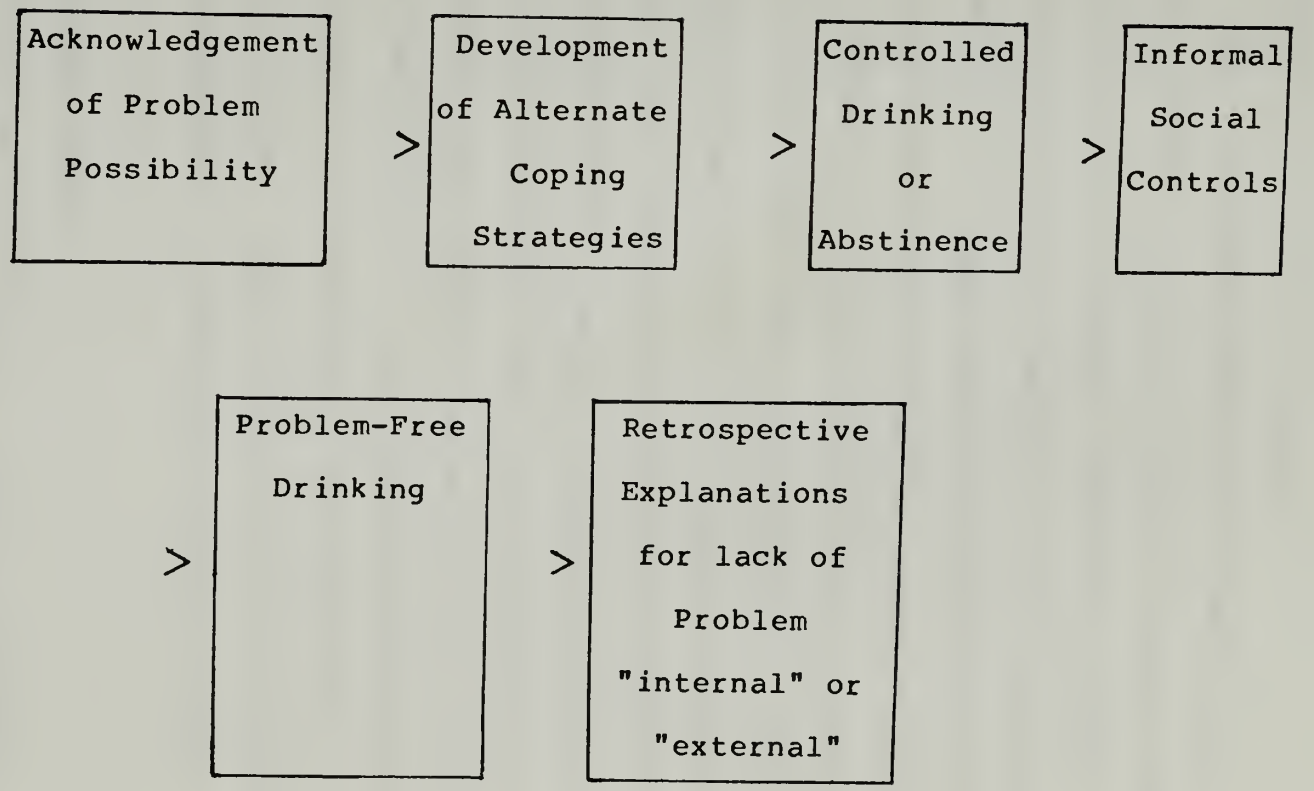
themselves were uniquely different; they seemed to believe in their intrinsic abilities to control the progressive effects of alcohol. Subjects made statements like, "I thought I could handle it," or "I believed that I could use alcohol to my own advantage and not let it take advantage of me." At some point, subjects next reported drinking in response to negative feelings, a pattern which became habitual and eventually led to quasi-problematic drinking. During this stage of alcohol consumption, subjects enjoyed its effects and reported the appeal of surrounding themselves with other "drinkers." Social networks were created to reinforce current drinking style. A full-fledged substance abuse problem ensued, and family members, wives, girlfriends or employers began to express concern and displeasure about the subjects'"alcoholism." Alcoholic subjects fully acknowledged at the time of the interview that they were incredulous when they first heard the label "alcoholic" applied to them. They were still very much committed to the belief that they were different from their fathers and therefore did not have to control their alcohol intake. Time elapsed, and external evidence to the contrary began to accumulate. In some cases, it took the occurrence of a crisis to lead to personal acceptance of the notion of problem drinking; more commonly, it was just the repeated

confrontation with feedback from others that enabled subjects to relinquish their denial. This brings us to the current status of subjects who, accepting their alcoholism, decided to seek treatment. They were beginning to learn to think of the genesis of their drinking in new ways.

A parallel process with some major deviations occurred for nonalcoholics. This process is depicted in Figure 4. Here we see that early on, these individuals acknowledged their own fears about susceptibility to alcoholism. Subjects expressed a pervasive awareness that, as one individual stated, "everyone is vulnerable when it comes to alcoholism." This conscious insight was accompanied by an active decision to either remain abstinent or engage only in controlled drinking. Drinking remained circumscribed in its occurrence and was not used as a coping mechanism. Alternative coping strategies were devised as individuals grew into adulthood. Subjects commented that they tried to avoid individuals who drank heavily, and associated with people who conformed to their lifestyles. As problem-free drinkers, these veterans reported an extended history of thinking about not becoming alcoholic like their fathers. They expressed commitment to their beliefs that alcoholism is a widespread, insiduous and destructive pattern which "needs

Figure 4

Cognitive Appraisal of the Development of Problem-Free Drinking



to be controlled before it starts."

The most outstanding difference between these two sets of reports is the disparity in initial beliefs about susceptibility to alcoholism. Alcoholic subjects indicated that they felt immune to future problems, while nonalcoholics were highly aware of their vulnerability. Concern about developing alcoholism seemed to act to protect individuals, while feeling impervious only served to foster denial about what could eventuate. This discrepancy seems to parallel the denial versus insight of alcoholics' and nonalcoholics' mothers, respectively. It is an intergenerational pattern regarding attitudes and beliefs about alcoholism that is not surprising to see. One certainly might expect that mothers have either educated and informed, or inculcated unrealistic ideas in their children. In both cases, the importance of the mothering influence upon the development of children's cognitive appraisal of alcoholism becomes evident.

Attributional Themes

Alcoholic and nonalcoholic subjects responded to interview questions with similar explanations. Although nonalcoholics tended to be more uniformly internal in their beliefs, both groups generally evidenced comparable themes for either the internal or external response

categories. The one exception to this involved internal explanations for problem-free drinking. This finding will be further explored since it may tie in with the protective aspects of the nonalcoholics' cognitions.

In a sense, identifying themes in responses coincides with the notion of the multidimensionality of the I-E scale. Earlier discussion focused on stability and globality dimensions of attributions, but these subscales appeared to be irrelevant in understanding the present data. Certain themes, however, were salient. When subjects were asked to explain the development of alcoholism, types of internal responses could be categorized as follows: drinking for self-enhancement, drinking to avoid negative affect, using alcohol as a personal coping strategy, and drinking because of an addictive personality. Themes for external explanations for alcoholism were: drinking in response to adverse life circumstances, drinking because of "the pull towards the lifestyle," drinking because one "caught the disease" or was "bitten by the bug," drinking because one's father drank ("like father, like son"), and drinking because of the control and influence of powerful others.

Concerning the development of problem-free drinking, thematic subcategories of external responses were: the occurrence of positive life circumstances, the

availability of supportive adults, lack of parental drinking during critical developmental periods, and luck. Groups differed in their internal explanations about moderate drinking. Alcoholic subjects were likely to make internal attributions referring to a person's: will power, lack of appetite or desire for alcohol, alternate coping mechanisms, physical aversion for alcohol, and higher mortality or faith. Nonalcoholic subjects tended to emphasize aspects of the process that was mentioned above. Nonalcoholics stressed internal reasons for problem-free drinking such as: active decision making regarding personal drinking patterns, fear of alcoholic lifestyle, insight about the nature of alcoholism (i.e. possibility of intergenerational transmission), motivation to be unlike father, the development of negative connotations and images associated with alcohol ingestion, and purposeful transformation of positive associations with alcohol into negative ones.

It is noteworthy that nonalcoholics seemed to have elaborate and refined explanations for the development of problem-free drinking. This is certainly no coincidence. Subjects who did not have problems with alcohol indicated their belief that this was not a chance event. Rather, they believed it to be consciously motivated and planned starting at an early age. These subjects did appear to

do some realistic planning and predicting, in contrast with alcoholic subjects, as they actively utilized resources and managed to overcome obstacles during their development. Nonalcoholics very definitely appeared to take personal credit for their lack of problem drinking.

Other Internal and External Explanations for Drinking Patterns

This section differs from previous summaries concerning locus of control in that it briefly outlines subject responses to direct requests for internal and external reasons for drinking. Specifically, subjects were asked to delineate internal, "thoughts, emotions, or things within yourself," and external, "situations or events happening to you in the outside world," triggers that result in the desire to take a drink. Both groups were directly asked for this information after they had already offered more open-ended attributions.

Alcoholic subjects usually drank in response to internal factors. Through drink, they attempted to alleviate anxiety, depression, rage, lonliness, and shyness. Drinking had in its initial stages served to eradicate negative feelings and was self-enhancing. At this point, alcohol transformed the introvert and the

socially ill-at-ease into a "more confident, more honest and open, more sociable and generally more decent kind of guy." In the advanced stages of drinking, the effects of alcohol were no longer desirable. Subjects reported becoming "obnoxious," "full of rage," "withdrawn," "physically and mentally ill," and "just like my father." When subjects did drink in response to external events (i.e. "all my friends were drinking;" "the bar scene made me so nervous, I had to drink to wind down"), they did so because of an expressed need to elevate their self esteem.

Nonalcoholic subjects mainly drank to be social. Many stated that they adhered to a conscious pattern of drinking when events were positive and pleasant. These subjects avoided alcohol use during times of particular stress, usually because of the negative connotation of this type of pattern. Nonalcoholic subjects also disliked the "feeling" of having more than two or three drinks. This was both a physical and psychological phenomenon; so, alcohol was used only moderately and both physical malaise as well the negative thoughts and feelings associated with excessive intake were avoided.

These results concur with those obtained by Cutter and Fisher (1980). In both studies, individuals who drank for "personal effects" were more likely to develop problems with alcohol than individuals who embibed for social

reasons. Cutter and Fisher went on to describe potential problem drinkers as lacking in self-confidence and self-satisfaction. Drinking for these individuals is a strategy for self-enhancement, and is usually internally cued as opposed to "responsive to social norms."

Overall, alcoholic subjects appeared to be highly motivated to drink. They probably drink to correct perceived deficiencies of the self (either through self-enhancement or self-handicapping strategies) as well as to obtain social effects. Because there are no norms regarding the amount of alcohol consumption that is required to numb a sense of self-deficiency, personal effects drinkers are usually uncontrolled (Mulford and Miller, 1960). Nonalcoholic subjects, in contrast, seemed to drink for exclusively social reasons. These social effects drinkers are likely to be more "restrained then personal effects drinkers because they drink in intimate gatherings with friends and family where the social rules controlling alcohol consumption are relatively effective" (Cutter and Fisher, 1980, p. 354).

C H A P T E R IV

SELECTED CASE MATERIAL

Overview

In this chapter, case material on two adult children of alcoholics is presented and discussed from an adjustment to stress perspective. Two of twenty case histories were selected for analysis because they were considered representative of the entire sample. One case is an alcoholic and the other a nonalcoholic offspring of an alcoholic father. The goals of this chapter are twofold. First, there is an attempt to highlight differences between the two cases in terms of their childhood resources. And second, the unique type of adjustment of each individual to the stess of parental alcoholism is traced. More specifically, each case is discussed in terms of the severity of the stressor of parental drinking and the mediator variables which influenced ultimate adjustment.

Case material was derived from individuals' responses

to questionnaire and interview items. All information was thus of a self report nature. To guarantee confidentiality, names and other identifying data were altered.

Case 1: Mr. Baker, an Alcoholic Offspring of an Alcoholic Father

Mr. Baker is a 37 year old veteran who served three years of active duty in the army while stationed in Germany. He is a soft spoken but highly intelligent and articulate young man. He was beginning his first treatment program for alcoholism at the time of the research interview, but reported that problem drinking dated back to his junior high school years. He took his first drink at age 13 (at which time he experienced a black-out), and developed increasing difficulties with restraint from that time on. At present, he describes himself as an "inveterate binger [who] first nips and sips and then loses all track of time." He chose to participate in this study because of his need to discuss his relationship with his father. This need was intensified, apparently, because of the father's sudden decline in health.

Mr. Baker is single and undomiciled at present. He is considering a halfway house residence following hospitalization. For the past several years, Mr. Baker has had an inconsistent employment history; while he feels he's been well-qualified for the managerial positions he's filled, drinking has always gotten in the way. Employers

and fellow workers, along with some few friends, are concerned about his welfare. Typically, Mr. Baker begins a new job with good intentions about "staying straight," but then loses his position because of drinking. He has recently decided to make a career change and pursue a human services line of work, but he is having difficulty sustaining his motivation. Mr. Baker plans, however, on completing work for his associates degree in liberal arts from a local community college, and then on "getting a decent job and sticking with it." His affect is depressed as he speaks of this and he seems somewhat unconvinced about his ability to persevere. For now, Mr. Baker feels lucky to receive a minimal income as a welfare recipient.

Mr. Baker comes from a large middle class family with eight siblings. He is the third-born and feels little connection with his younger siblings "who came along much later on." Mr. Baker's father was a teacher and his mother a clerical worker. Mr. Baker described his father as an "intense, rigid, unhappy but very bright and well-educated man." Apparently, the father had earned a doctorate in romance languages and had had the potential for great success had it not been for his alcoholism. Mr. Baker can't remember a time when his father didn't drink, although like Mr. Baker, the father was a binger. In recent years, the father has been forced to discontinue

alcohol use because of medical problems.

Mr. Baker appeared sad and depressed when he spoke of his early childhood years. The stress of having an alcoholic father was an overwhelming influence for all family members. Mr. Baker stated that "his [the father's] binges were like a nightmare. The whole house was like poison. When he wasn't there, we were waiting for him to get there. When he was home he was insultive. He had a filthy mouth, fought with everybody in the house and the neighbors. He was PC'd a lot and was destructive and very angry. He was a wife beater and he had certain kids he would mess with." Mr. Baker managed to avoid becoming the target of his father's physical abuse because, "I learned how to become sneaky and slick," but nevertheless, was singled out as an object of verbal degradation. Mr. Baker feels that his father had a real "grudge" against him because Mr. Baker would "get involved, fight and argue, and not pretend that everything was O.K. in the house."

When Mr. Baker's father was sober, family members remained cautious and tense. During these periods, however, Mr. Baker had "sane discussions [with his father] about safe topics, like literature and politics. I would feel admiration for his superior intellect. We were able to talk without arguing. There would be a strong unexpressed feeling on both of our parts of fondness. It

was clear he was hurting." Also during times of sobriety, Mr. Baker's father would "insist on making the decisions in the household." The father would attempt to discipline the children, regulate financial matters, and "determine just about everything we did, like what TV shows we watched, what we did after school, etc. He would genuinely try to help us with problems and things although you never knew how long it would last."

Overall, Mr. Baker describes a homelife that was severely threatening and stressful. Mr. Baker's father was inconsistent in his behavior so children were left with confused and ambivalent feelings about his nature and actions. Mr. Baker conveyed this sense -- he clearly feels enraged about his past traumatic experiences yet "loving and admiring" of the few idealized glimpses he saw of his father.

Everyone in the Baker family suffered from the disruption of the father's alcoholism. No sibling, according to Mr. Baker, ever really excelled at school nor fulfilled their innate potential. In fact, 5 of 8 siblings developed substance abuse problems. Mr. Baker described the children's adaptation to the alcoholic family environment in three distinctive ways. Several siblings, including Mr. Baker, had difficulties dealing with their pain and anger, and began to manifest a variety

of behavioral disorders and antisocial actions. These individuals tended to evidence school problems, general interpersonal uneasiness, and a proclivity towards acting out against authority figures. They eventually became labeled as problem children or outcasts. A next group of children withdrew into themselves; "you never heard them say anything; they avoided other people and quietly got by." The remaining children were the youngest, and tended to be "pampered" by the father when he wasn't intoxicated. These siblings are described as "daddy's pets who could do no wrong; but even they never amounted to much." In order of presentation, these offspring could be classified as family scapegoats, lost children and family mascots.

As Mr. Baker spoke, his perceptions of himself became more clear to the interviewer. He referred to himself as a "loser" and stated that he and "everybody in the family has lasting scars, emotional and physical in some cases. We were a bunch of very bright people, and hardly any of us have gone to college, which I think would have happened in a more normal family. We were all damaged in our social system." And the damage he incurred started out at an early age. Mr. Baker feels he was an "emotional wreck" until the fourth grade. His memories of his early years are a "blur," but he seemed to indicate pervasive

dysfunction -- serious disturbances in peer relations, prolonged eneuresis and "abominable school performance." He comments on his "real potential" but few realized strengths during childhood. Overall, too, he received little attention for his difficulties from teachers, principals, or other adults. Mr. Baker would repeatedly ask for assistance during times of heavy alcohol abuse in the home, but his requests were met with statements like, "just lie down and rest for awhile, you'll be O.K." It becomes clear that Mr. Baker was not "O.K." as a child; he developed few areas of competence and manifested early overall symptoms of poor adjustment to the situation at home.

From his descriptions, Mr. Baker's mother was ineffectual in dealing with her husband. She appeared to be strongly dedicated to "maintaining the peace" in the household, although clearly, it became dominated by the father's presence -- his outbursts, whims, and behaviors. Mr. Baker stated that he had a "strong sense of pity for his mother" because she was frequently battered and abused. But, this was also accompanied by a wish that his mother would "fight back and acknowledge how bad the situation really was." Mr. Baker said that he "was driven to be closer to my mother because of my father's anger; I always wanted to protect her."

There is little evidence in his descriptions of any viable help, support, or effectance on the part of Mr. Baker's mother. Rather, she seemed overwhelmed by her husband's affliction and strongly entrenched in her beliefs that denial could eradicate the problem. She appears to be a classic enabling spouse, who through fear, denial and lack of education, helps to maintain the alcoholic family environment. It is also clear that Mr. Baker's mother assumed little of her responsibilities as a parent; she offered her children little guidance, support, and information when it came to the overriding influence of the alcoholic father. On the contrary, Mr. Baker expressed parental feelings and a strong commitment to protecting his mother from the prenicious effects of his father's drinking. To reiterate a previous point, Mr. Baker didn't seem to have a mother nor any other significant adult to help him to cope with and understand his childhood situation.

Mr. Baker's beliefs about alcohol use were shaped in part by his contacts with significant role models, an inconsistent alcoholic father and an enabling and uninformed mother. It is through these relationships and other interactions with adults that he developed a sense of identity and perhaps some sense of mastery or competence. Unfortunately, Mr. Baker seems mostly to view

himself and others in terms of self-limitations and unfulfilled potential. Mr. Baker has not been successful in actively achieving goals in his life, a pattern that reflects both the paucity of performance-related reinforcement he received as a child and his consequent cognitive style. He seems to be an individual who feels limited by past experience and current personality characteristics.

In discussing explanations for his father's drinking, Mr. Baker first addressed the parent's "use of booze to unwind." Mr. Baker says his father was "stressed out with eight kids, no money, and a lot of job problems." He continued to describe his father as one who was consumed with personal feelings of failure. "He had a lot of feelings that fed on themselves. He would start to feel guilty about what he'd done the week before drunk and he was too proud and rigid to go around apologizing, so I think he would drink to deal with feelings." Finally, Mr. Baker commented that drinking was a self-perpetuating event for his father -- "he found himself in a rut, a rut of drinking."

His attributions about the drinking patterns of all adult children of alcoholics are replete with suggestions that individuals cannot usually exercise control over their destinies. After a brief statement about those who

didn't develop problem drinking, Mr. Baker changed the course of the discussion and referred back to himself.

> "Why some people actually escape getting bitten by the bug, I don't know. Maybe for some of the people who didn't drink, there were factors -- environmental or emotional -- that nudged them in other directions, I've known people who have had such a reaction of horror and disgust to their father's drinking that they won't drink. Maybe, they exercised a choice about it.
>
> See, I've always been fairly convinced that even if I never picked up a drink I was going to have problems. It's just that because alcoholism being as strong as it is, when you have this type of addiction you tend to focus on that. But I wouldn't be successful if I never drank. I would have had five or ten years of therapy if I'd been lucky enough to get that when I was 16 or 17. That might have pushed me in some other direction. But even sober I don't see myself as a very functional person. Now maybe somebody with an alcoholic father of a different type might come out differently. Maybe they were given strengths I don't have."

Mr. Baker continued to allude to both his underlying personality weakness and problems, and the potency of the "external" affliction when he continued to explain his own alcoholism.

> "I never heard any cautionary noises in my head when I first started to drink. No words my mother should have said like 'don't drink and be like your daddy.' Right away I was going into blackouts. Some of it [drinking] might be as a payback. I mean, well, you screw with me, goddam daddy, you screw with me for 15 years, so I'll turn around and screw with you. This feels like a theory, but it makes such sense I tend to buy

> it -- but it's so stupid at the same time. I hate to think that I've tossed my whole life away just as a reaction to someone -- trying to pay somebody back on an emotional level when that's not what I want to do.
>
> Also, there's the alcoholism itself -- that has a life of its own once you become an addict. I have the disease, so my tendency is, if I'm stressed, to drink. I see myself as rigid, and too controlled, and briefly, when I first started to drink, alcohol washes away those restraints. To say I'm able to feel, that's a simplification. There's also a little self destructiveness in me. There was a part of me that was tickled by the idea of drinking myself to death. I don't feel so much that way anymore."

Mr. Baker has many reasons for drinking, but what is most salient is his underlying sense of personality deficiency and the need to rely on alcohol to obtain desired personal effects. He also very clearly expressed anger towards his parents for the abuse and deprivation he was forced to endure. Mr. Baker seems to believe that he was destined to be dysfunctional regardless of his status as a drinker. This cognitive set about himself suggests a tendency to approach life in a negativistic, passive and unmotivated fashion. His feelings of lack of control over events are clearly reflected in his behaviors and actions.

In summary, Mr. Baker suffered grave consequences from the stress of parental alcoholism. Factors which may have served as buffers to this stress were absent for Mr. Baker. Rather, he was obliged to go the route of family

alcoholism alone; he was without the benefits of early developed competence and personal strengths, a compensatory relationship with his mother or another adult, and a belief that his actions could impact upon the course of his life events. Overall, he is a young man who has marginally survived parental alcoholism. His poor adjustment is evident in his current substance abuse problems, his inabilities to persevere with goal-oriented actions, and his difficulties in establishing interpersonal relationships.

What follows is a presentation of another case, that of a nonalcoholic, who evidences a very different picture in terms of past and current quality of adjustment. As this new individual is described, his relative strengths during childhood will become clear.

Case 2: Mr. Smith, a Nonalcoholic Offspring of an Alcoholic Father

Mr. Smith, a 32-year old veteran who also served three years of active duty in Germany, responded to recruitment advertisements for this study "to voice his opinions about how the military gives crazy and contradictory messages about drinking." He is presently employed as a security guard, has sold real estate in the past, and earns ten thousand dollars per year. He resides with his common-law wife, who also has an income, and their four natural and foster children. He is clearly very fond of his present life style and discusses his wife and children in affectionate terms. Mr. Smith has his associates degree from a local community college and will begin studying for a more advanced degree starting next year. It was clear when Mr. Smith spoke that he was intelligent and intent upon improving his career position for the sake of his family. He also seemed to be a man of deep convictions. He expressed anger about parents who mistreat their children, and about "the military misleading its young men" by condoning alcohol and drug use. He referred to himself as "someone who would like to help change things." He has the quality of a renegade, but one with a clearcut mission.

Mr. Smith said he is a very light social drinker. He rarely embibes but when he does, he's usually with friends and in a social situation. He finds drinking "unappealing and drunkenness unattractive." Mr. Smith took his first drink at age 14 when he was "experimenting with friends." He generally drank very little throughout high school, but initially, "joined the crowd and got smashed" when enlisting in the military. Mr. Smith put an end to this short-lived habit months after it started because he didn't enjoy the effects that alcohol tended to have on him. At present, he stated that "I might drink on a nice day when I'm feeling good. I don't like bars or the bar scene -- sitting there and hanging out -- and I don't ever drink if I'm down."

Mr. Smith was raised within a middle class family background, and both of his parents -- his father, a firefighter and his mother, a nurse -- were described as extremely "hard workers." Mr. Smith also resided with his older brother and his maternal grandmother during his childhood. Mr. Smith reported that his father was "always drinking steady and fierce" when he was a child and that the drinking "dated back to as far back as I can remember." Thus, Mr. Smith's father drank continuously throughout the day and on a daily basis. He apparently consumed at least one quart of hard liquor per day until

Mr. Smith was 15 years old, at which point the father was forced to stop because of a liver ailment.

Mr. Smith delineated two clear phases of family interactional patterns and adjustment during his childhood and adolescent years. The first phase lasted until Mr. Smith was in his late teens and corresponded with the father's active drinking and intoxication. This phase was described with anger and remorse but also with a sense that Mr. Smith was able "to leave it behind me so I can get on with my life." During this period, Mr. Smith says that his father was a "maniac." The father would attempt to behave in a tyrannical manner when home, but would frequently leave the house for work-related reasons. Mr. Smith stated that the father was "sullen, irritable and nasty; He would get physical with my brother and sometimes mother when she stepped in to protect him. He never got rough with me though. It didn't matter, I hated him during those years." In general, Mr. Smith dealt with his father in highly adaptive ways. He offered a summary about the nature of their interactions:

> "If you were around him, it was guarenteed he'd embarass you or belittle you. So, when he was drinking I completely avoided him, more as time went on and I got older and was able to avoid him more. It was a relationship of avoidance. I would be forced to go out with him on the boat occasionally but otherwise, I just avoided him. [What were those times on the boat

> like?] It was awful. He'd start drinking and it was awful. I always felt like, what's he going to do next? He'd make mistakes, and boating doesn't tolerate mistakes. We'd be out and find sandbars and rocks and bouys to run into. I could see it coming, just like I could anticipate his explosions, but if I tried to tell him, he'd really lose it and tell me to get the hell away. I was always walking on eggshells."

Despite the severity of the stress of the father's alcoholism, Mr. Smith described a family life that managed to remain relatively consistent and minimize the disruptive influence of the father. Not surprisingly, Mr. Smith's mother was instrumental in achieving this effect. She was viewed as "an extremely competent and caring woman who wasn't going to let my father's problem get in her way." The mother tended to exclude her spouse from family events with the children because of his state of intoxication, but apparently, she managed to utilize her ministering skills with her husband especially when he became physically ill. So, the mother, grandmother and children would dine together nightly, go on family outings, and have significant family discussions on a regular basis. Mr. Smith stated that he was told at a very young age that his father had a disease, and that the father's behavior in no way reflected his real feelings of love for Mr. Smith. It was also stressed that Mr. Smith was not to blame for his father's actions. Overall, Mr.

Smith was fortunate in that he had a mother who dominated and determined the course of his family's development. Mrs. Smith engineered her family environment in an insightful manner -- she informed but insulated her children from her spouse's alcoholism and ejected her spouse from communal family events when necessary. In so doing, she maintained the integrity of the family subsystem and enabled her children to experience some semblance of stability.

During the second phase of the family's adjustment to alcoholism in the father, the family was confronted with a new set of problems, namely the new-found sobriety of the parent. This phase began when Mr. Smith was 15 years old but according to his reports, "it took years to even be able to tolerate him being around. By the time he was recovering from alcoholism, I was older and beginning to leave home." Nevertheless, the family seemed to have to go through a transition period in response to the father's changes. Once again, the mother took an active role in orchestrating the family's interactions. She insisted that all family members attend AA and Ala-non meetings, actions that Mr. Smith feels were of great help. With time, it appeared that the father was permitted reentrance into the family and he was marginally able to establish open communication and relationships with his two sons.

At this point, Mr. Smith is reflective about his connection with his father because his father is terminally ill. He said that now, "I really like my father. He's still somewhat crazy -- all that alcohol really affected him quite adversely so he doesn't think right sometimes -- but I think he's all right deep inside. I have a lot of admiration for him too, someone who could quit drinking and smoking all at once. My mother helped him do that."

Throughout his childhood and adolescence, Mr. Smith made very positive adaptations to his problems at home, but of course with much support from his mother and grandmother. Unlike his brother who was dyslexic, he was a "super achiever" as a boy; he apparently had many friends, an above average academic record, and a list of extracurricular involvements and activities. He could be considered the family hero, but with an interesting twist. He described resenting authority figures as a child and eventually channeled this anger into acceptable outlets. He helped to organize and was actively involved in an alternative education program in Eastern Massachusetts, an interest that was sustained until the end of high school. He obviously derived much positive feedback for his performance, as well as incentive from his grandmother and from adults outside of the home.

The grandmother was especially significant to Mr. Smith, because "she was always there; I could disappear to her room over the garage to get solace. It was a special refuge to me." The grandmother was described as a "very cultured and a proper lady." She played an encouraging role for Mr. Smith and helped him learn to enjoy the "finer aspects of life" like classical music and art. She also seemed to support Mr. Smith for his intellect and motivation.

A very different picture of an alcoholic environment emerges in contrast to the Baker household. Here, family life remained fairly organized and adults tended to focus on the needs of the children rather than on the alcoholic. In both cases, there were significant negative stressors but in the Smith family, strong adult figures were able to buffer the offspring from much of their effects. Mr. Smith and his brother had advantages and mediating protective factors that Mr. Baker did not. Through many varied positive experiences, Mr. Smith developed an overall sense of mastery and competence as well as a general belief in his own abilities.

This belief was demonstrated when he was questioned about the reasons for the occurrence of problem-free drinking.

> "Some people who grew up with an alcoholic father probably just thought that drinking was just the normal way of doing things. They probably thought they couldn't be different. They just followed the people before them and thought, 'my father drank and I'm going to drink; my father beat his wife so I'm going to beat my wife.' I think they never had anyone who set them straight and helped them like the people I had.
>
> I think a lot of it [surviving parental alcoholism] has to do with having that other person, that significant other who is normal and saying, 'you're o.k. and everything else is messed up.' I had my mother and grandmother who were like these islands of normalcy. I think I latched onto it. If someone has a person to give him a sense of normalcy, he doesn't need alcohol to cope with his life."

With respect to his own choice regarding style of drinking, Mr. Smith indicated that alcohol use was exactly that -- a choice that he had made. He also is perplexed in a way by excessive drinking that occurs in offspring of alcoholics, because they had such a birdseye view of the negative consequences of drinking. So, Mr. Smith believes that "getting drunk is just plain illogical under these circumstances and stupid. I don't have any tolerance for it at all. I got to see the effects of alcohol with my father and in the service. So, no way that that's what I want for me."

Mr. Smith is unlike Mr. Baker in a highly significant way then. He was helped to have a belief in his power to

exert some control over his life events. He then actively decided to basically avoid alcohol and instead engage in more productive behaviors. He seems to have evidenced cumulative strengths as he was developing, and these assets enabled him to achieve a generally positive adjustment to his exposure to parental alcoholism.

C H A P T E R V

SUMMARY AND CONCLUSIONS

Review

This study explored the familial transmission of alcoholism and psychosocial mechanisms that either foster or hinder that transmission from father to son. It investigated a well-documented, high-risk population for alcohol abuse, namely, adult children of alcoholics. Parental alcoholism was viewed as a stressor to which offspring were forced to adapt. Quality of adjustment to stress was determined not only by the severity of the stressor, but also by the presence of mediating variables or developmentally relevant risk and protective factors. Adjustment to familial alcoholism is thus a complex and cumulative process that led some high risk individuals to abuse alcohol and other high risk individuals to remain problem-free with respect to drinking. For present purposes, certain mediating variables were considered. They consisted of: a) cognitive/perceptual factors

concerning family of origin and self; b) social support factors; and c) variables related to childhood disposition and level of competence.

Participants in the investigation were 20 adult children of alcoholic fathers who either developed or avoided personal problems with drinking. All subjects were veterans and volunteered to participate in this study. The 10 problem drinkers were in treatment for alcohol abuse and were conceived of as poorly adjusted to the stress of parental alcoholism. In contrast, the 10 problem-free drinkers were believed to have achieved a positive adjustment to similar early childhood stressors. Subjects were asked to complete two questionnaires (the MAST and CAST) to assess suitability for inclusion in the study, and then a final questionnaire (the FES) and an interview session to collect data regarding the central variables of interest. All findings were qualitatively inspected and analyzed and so, conclusions must be viewed as tentative. Nevertheless, results may provide rich ground for future investigations.

Subjects were reared in demographically similar households and were closely related in age range at the time of testing. There were many predictable differences between groups, however, concerning current educational and income levels, SES, and living situations. In all

cases, nonalcoholic subjects evidenced greater social position and stability in their lifestyles when compared with alcoholics. This discrepancy was understood to reflect differences in overall quality of adjustment between groups; alcoholism, an inpatient treatment status, poor social position, instability and overall negative adjustment were all viewed as going hand in hand.

Upon surface investigation, all subjects appeared to own similar perspectives regarding the first mediating variable in question, namely, perceptions of families of origin. Both groups had almost identical patterns of scores on the CAST and thus, at least at first glance, shared similar evaluations of their families. These results coincided with overall perceptions of tension and unpredictability within the home, and a general sense that personal family life was abnormally focused on the alcoholic parent. Profiles from the FES too, suggested that the alcoholic family environments of subjects were more highly conflictual than most, but that this tendency was accentuated for alcoholic subjects. Nonalcoholic subjects' households appeared to demonstrate more cohesion, expressiveness, and organization which perhaps counterbalanced high levels of conflict.

Closer scrutiny of early family life revealed some important intergroup differences. Parental alcoholism,

while equally severe in both groups, varied in style. Alcoholics' fathers tended to be bingers and alternate between functional and dysfunctional periods. In contrast, nonalcoholics had fathers who were continuously inebriated, a pattern which possibly enabled families to more adequately establish a stable interactional system. It was hypothesized that continuous inebriation proved to be less disruptive for families than binging, a pattern which promoted confusion and necessitated repeated systemic upheaval.

There were also reportedly salient differences between groups in family role ascriptions. Once again, alcoholic subjects expressed confusion and ambivalence about the impact of changes in the father's role on the family. These fathers were frequently deficient in fulfilling their responsibilities but alternately, functioned in more dutifully parental ways. Nonalcoholics tended to emphasize their uniformly negative perceptions of their fathers. This perspective may have influenced the process of offspring identification with the parent, and ultimately may have served to deter the nonalcoholic from emulating the alcoholic father.

There were also notable differences between groups concerning the specific roles that were adopted by subjects. Nonalcoholic subjects tended to occupy family

roles, especially that of family hero, which facilitated the development of a sense of personal efficacy and control. Within these roles, these individuals were likely to receive praise and recognition and so inevitably, they were able to develop strengths which tended to increase the overall likelihood of positive adaptation to stress. This was not the case for most alcoholic subjects, many of whom were family scapegoats and devoid of positive socialization experiences. Unlike family heroes, scapegoats had no real personal strengths to offset the negative aspects of family stresses. Rather, they may be viewed as having had a "headstart in learning the uses and abuses of alcohol" (Pringle, 1976, p. 110), and thus had begun their maladaptive adjustment to stress at an early age.

Finally, alcoholic subjects reported greater amounts of abuse and violence in their homes than did their nonalcoholic counterparts. It is likely that physical victimization creates inordinate stress within a family and that it is linked with personality injuries such as low self esteem, and characterological depression or anxiety. Traumatic experiences of victimization may also tend to foster a personal sense of powerlessness and once again, a tendency to turn to drugs and alcohol.

Overall, perceptions of families of origin did appear

to differ according to group. Alcoholic subjects described a generally more confusing and destructive family atmosphere where children fell prey to omnipresent dangers. Role related behaviors of these individuals tended to show evidence of either passivity or overt rebelliousness, styles which tended to increase risk for antisocial modes of adaptation. Nonalcoholic subjects seemed to be able to view their situation as consistently negative but at the same time to separate that perception from self-evaluations. These individuals experienced more personal and social strengths as youngsters, setting the stage for their eventual adjustment during adulthood.

This is related to the topic of early competence, the second mediating variable of stress. Alcoholic subjects manifested fewer signs of childhood competence outside of the home, and rather evidenced deficits such as solitary styles of coping, chronic behavior problems, and early drug or alcohol use. Nonalcoholic individuals appeared to be more competent as youngsters. They were sociable and generally more oriented towards accomplishments outside of the home. These experiences probably served to offset the stress of parental alcoholism as well as to contribute to the list of strengths that these individuals possessed.

Probably the most outstanding protective variable pertaining to the familial transmission of alcoholism

proved to be the role of the mother. Mothers were viewed as enabling or insightful according to alcoholic and nonalcoholic subjects respectively. Enabling mothers acted as poor role models concerning effective adaptation to stress and repeatedly attempted and failed to cure alcoholism in the spouse. These mothers demonstrated preoccupations with their problematic situations as opposed to compensatory strategies.

Insightful mothers were more positive role models for their children. They demonstrated effective styles of coping and were able to concentrate on the needs of the children as opposed to a singular focus on the spouse. It also appears that these mothers perserved regularity and stability in the family and thereby limited the extent of disruption related to the alcoholic parent. All in all, these families seemed to be capable of maintaining a cohesive and functional family subsystem even in the face of alcohol-related stresses. Parallel personal capacities became evident in the nonalcoholic subjects.

The two final mediators of stress involved individuals' cognitive appraisal of drinking patterns. Results tended to suggest varied attributional styles among alcoholics but a more consistent attributional style for nonalcoholics. A tendency towards internality among nonalcoholics logically coincides with their experiences

of mastery and control during childhood. It also is reflective of their well-voiced opinion that they personally chose and then enacted their destinies as problem-free drinkers. This ability appears to be related to the influence of the mother; she informed her children of the real risks involving familial alcoholism, but also provided them with resources to prevent its transmission.

Alcoholics evidenced more confusing patterns of attributions which may be due to a variety of factors such as the self-serving hypothesis, or a defensive or socially desirable response style. Nevertheless, alcoholics spoke of drinking to acquire self enhancement or some desired personal effect that without alcohol would be missing. General feelings of helplessness pervaded their explanations and seemed to reflect a lifelong pattern of feeling victimized and unprotected.

Not surprisingly, there seems to be a confluence of protective factors apparent in the histories of nonalcoholics and a series of incurred risks for alcoholics. This suggests that strengths or weaknesses build on themselves and eventually "snowball" with positive or negative outcomes. It also suggests that there are numerous avenues via which one may interface with a child of an alcoholic who is at risk. Before these intervention issues are discussed, certain limitations of

this work are considered.

Limitations of Study

Findings in exploratory research leaves the reader with many avenues for thought and future action. These results, like those from other etiologic and qualitative works, need to be interpreted with care however. This study bears certain noteworthy limitations which must be acknowledged in order to most fruitfully understand its results.

An initial methodological problem involves sampling biases that limit the generalizability of the results. Subjects were self-selected and thus may represent some special subgroup of adult children of alcoholics. Further, because this research was not a rigorously controlled experimental work, subjects in the two groups are divergent in such characteristics as SES, and group comparisons must be made with caution. And finally, there is the whole methodological issue of utilizing retrospective and self-report data. One must wonder if reports are suffused with distortions that might portray families of origin in either nostalgically positive or harshly negative ways. Self report data may thus reflect distortions that occur with the passage of time, defensive postures, or a need to offer socially desirable responses.

There may also be some conceptual pitfalls embedded

within this work. Subjects were categorized according to level of present adjustment and perhaps, because this was based on some general criteria (i.e., drinking patterns, inpatient hospitalization status) and a value judgement, group assignments may have been erroneous. For instance, the apparently well-adjusted nonalcoholic may not really be so. An inpatient status of some subjects may also confound findings so that we are seeing the effects of concomitants of hospitalization rather than those of parental alcoholism. Most generally, since etiologic research concerning current drinking pattern and quality of adjustment is so complex, results only reflect possibilities and not definite causal links.

Implications of Study

Despite these limitations, it is certainly possible to derive significant impressions about the findings and to apply these within a variety of settings. Most notably, it is expected that viewing alcoholism from a family systems perspective would benefit the most people involved. Since parental alcoholism has widespread impact, spouses and offspring need to be taken into account in both preventative and treatment measures.

Concerning the prevention of problems in offspring, this study certainly seems to point towards target avenues in which assets can be molded from liabilities. Children at risk may have better chances for success if identified at early ages before the onset of significant problems, within either the school system or general community programs. These children obviously need consistent exposure to supportive adults who can help them to develop a sense of mastery, self-efficacy, and self esteem. Children would most clearly benefit from positive experiences with their mothers, and so this parent should receive education and professional help about alcoholism in the family. Overall, all family members need information about the nature of the disease and guidance about how a family can best cope with it.

More direct and individualized treatment may be necessary should overt problems develop in offspring. If hyperactivity, social isolation, or conduct disorders are evident, for instance, these may need to be viewed as signs of particular psychological vulnerability warranting special attention. These children must be evaluated according to their areas of strength and weakness, and in a systematic fashion, coping skills can be enhanced or external stressors can be attenuated. Children would benefit from conjoint individual and family therapy. Findings for this study suggest the advantages of cognitive forms of treatment in which the individual is helped to alter his beliefs about his ability to exert control over life events.

In general, the problems associated with parental alcoholism merit a community-wide effort to limit the transmission of alcoholism through generations. There is a need for the implementation of education, prevention and specialized treatment programs.

Future Research Questions

Future work in this area needs to address issues concerning the psychosocial etiology of offspring alcoholism using both exploratory and controlled research designs. The specific influences of relevant variables may be ascertained in several ways. Research may take the forms of: a) studies concerning healthy adaptations to parental alcoholism investigating superior functioning offspring; b) studies utilizing random samples of adult children of alcoholics; c) studies of alcoholics and their children involving follow-up of offspring; and d) longitudinal, prospective research investigating offspring adjustment at various intervals over time.

Future research must also consolidate the diverse impressions obtained in this study. Offspring adjustment and drinking patterns need to be more conclusively related to variations in parental drinking patterns, drinking in mothers versus fathers, gender of offspring, family atmosphere, family roles, violence and abuse, competence level during childhood, social support systems, and general attributional styles.

F O O T N O T E S

1. Masculine forms of nouns, pronouns and adjectives were utilized in the text because all subjects as well as their alcoholic parents were male.

A P P E N D I X A

SEMI-STRUCTURED INTERVIEW

Instructions: I will be asking you a variety of questions, some very specific and some more open-ended. The questions will focus on your present living situation, your family of origin, and your father's and your own drinking patterns. Please answer the questions as openly and as honestly as possible.

Part I. Demographic Information

A. Name _____

B. Address _____

_____

C. Phone _____

D. Date of birth/Age _____

E. Current living situation

_____ lives alone _____ lives with children only

_____ lives with spouse or partner

_____ lives with roomate(s) _____ lives with parents

F. Current marital status _____

G. Spouse's drinking style (abstainer, light social drinker, average social drinker, heavy social drinker, problem drinker, alcoholic) _____

H. Number of times subject married _____

I. Children: name age sex living with subjects?

_____ ___ ___ _____

_____ ___ ___ _____

_____ ___ ___ _____

_____ ___ ___ _____

_____ ___ ___ _____

_____ ___ ___ _____

J. Major occupation or skill _____

K. Current employment status

_____ full time _____ unemployed

_____ part time _____ homemaker

_____ retired

L. Current job title _____

M. Length of current (un)employment _____

N. Approximate annual income _____

O. Highest year of education completed _____

P. Describe educational background

_____

degree? _____ major? _____

Q. Number of years of active military duty served ___

R. Branch of service _____

S. Place of tour of duty _____

T. Religion/Ethnicity _____

Part II: Family History

A. Who were you raised by? _____

B. Family composition:

Member/ Name	age	sex	living or deceased	occup'n	drinking style (DK, abstainer, lt social ave. social, heavy social, problem drinker, alcoholic)	age of onset of problem drinking

C. Among your blood relatives whom do you regard as being or having been a problem drinker or alcoholic?

_____

D. How old were you when you first realized your father had a problem with drinking? _____

_____

E. How would you describe your father as a person?

_____

_____

_____

F. How would you describe your father's drinking style (periodic drinker, steady drinker, combination pattern drinker)? Give details about his drinking patterns over time. _____

_____

_____

_____

_____

G. When your father drank alcoholically, do you think he had control over his drinking behavior?

_____

H. How would drinking affect your father's mood and behavior?

_____

_____

_____

_____

I. Did your father believe he had a drinking problem?

_____

J. How did he react when others spoke about his alcoholism?

_____

_____

_____

_____

_____

K. Did your father ever seek help (AA, psychiatric treatment, speaking with doctor, clergyman, etc.) for his alcoholism?

_____

_____

_____

_____

_____

L. Did your father stop drinking for any length of time (note COA's age)? _____

_____

_____

_____

M. Describe your relationship with your father when he was drinking.

N. Describe your relationship with your father when he was sober.

O. When people think, they often speak to themselves mentally and try to explain events. How did you explain your father's problem drinking and his behavior when you were a child? (Note any changes in explanations and dates)

P. What do you say to yourself to explain his problem drinking now that you're an adult?

Q. What thoughts or emotions (things within your father) if any do you believe triggered your father to drink alcoholically?

R. What situations or events (things happening to your father in the outside world), if any, do you believe triggered your father to drink problematically?

S. What, for you, were the most positive effects of your father's drinking?

_____

_____

_____

_____

_____

T. What, for you, were the most negative effects of your father's drinking?

_____

_____

U. When there is an alcoholic parent in the home, it can affect the family in different ways. What effects did your father's alcoholism have on your family as a whole?

_____

_____

_____

V. How would you characterize your family and the atmosphere in your home when you were a child and (1) your father was actively drinking? _____

_____

_____

(2) your father was abstaining (if applicable)? _____

_____

_____

(3) your father had successfully abstained for an extended period of time (if applicable)? _____

_____

_____

W. Family members may react to parental alcoholism in different ways. They may criticize or support the alcoholic father, they may avoid or ignore him, they may make light of the situation, or they may tend to have frequent battles with him, to name a few possibilities. How did each of your family members react to your father's drinking problem? That is, what types of things did they <u>say</u>, and how did they <u>act</u>?

<u>Family Member</u>	<u>Reaction/Role</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

X. How would you characterize the general ways in which each of your family members functioned? For instance, one can be very responsible both at home and at school; one may tend to have problems with legal authorities or with drugs and alcohol; one may keep to oneself and go relatively unnoticed; or one may receive a lot of protection and attention from other family members.

Family Member	Function/Role
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Y. Describe your relationship with your mother.

_____

_____

_____

_____

_____

_____

Z. Was there anyone inside or outside of your immediate family who was particularly special to you during your boyhood? _____

_____

What role did this person play in your life at the time and at present? _____

_____

_____

Part III: Boyhood Competence

A. Describe your general performance (grades, interest, motivation) in school throughout childhood.

_____

_____

_____

_____

_____

B. Describe your friendships during boyhood.

_____

_____

_____

_____

_____

C. Describe your home or job responsibilities during boyhood.

D. Describe your participation in clubs, sports or extracurricular activities during boyhood.

E. What personal strengths do you believe you had during boyhood?

F. What personal weaknesses or particular problems do you believe you had during boyhood?

_____

_____

_____

_____

_____

Part IV. Personal Drinking Style

A. How would you describe your personal drinking style now and in the past?

_____

_____

B. Do you feel you have a problem with the consumption of either prescription or nonprescription drugs?

_____

C. How old were you when you took your first drink? _____

First became intoxicated? _____

(Items D - L for veterans who are not abstinent)

D. How frequently do you drink? _____

_____

E. What beverage(s) do you typically drink? _____

_____

F. How much alcohol do you typically consume during one sitting? _____

G. What inner thoughts or emotional feelings (things within you) do you believe trigger your need or desire to take a drink at a particular moment?

_____

_____

_____

_____

_____

H. What are the most positive effects of your drinking?

_____

_____

_____

_____

_____

I. What are the most negative effects of your drinking?

_____

_____

_____

_____

_____

J. How do your family members and friends react to your drinking? _____

_____

_____

K. Do you believe you can control your drinking behavior?

_____

_____

(Items L - S for alcoholics)

L. Some sons of alcoholic fathers become alcoholic themselves while others do not develop a problem with drinking. How do you explain this difference in the development of problem drinking? _____

_____

_____

_____

_____

M. You've said that growing up with an alcoholic was not easy that it was _____ (reiterate descriptions offered by subject). As a youngster, what expectations did you have for yourself about your future drinking style? _____

_____

_____

N. How do you explain your problem with drinking to yourself now? _____

_____

_____

O. What situations or events (<u>things happening in the outside world</u>), if any, do you believe result in your desire to take a drink?

_____

_____

_____

_____

_____

P. How does drinking affect your mood and behavior?

_____

_____

_____

Q. What thoughts or reasons go through your head to justify taking a drink or continuing to drink?

_____

_____

_____

R. When you have decided to stop drinking what types of things do you say to yourself. What reasons do you give yourself to stay sober? _____

_____

_____

_____

S. When you have fallen off the wagon, what types of things do you say to yourself, what reasons do you give yourself to justify taking a drink? _____

_____

_____

_____

(Items T - X for nonalcoholics)

T. Some sons of alcoholic fathers become alcoholics themselves while others do not develop a problem with drinking. How do you explain this difference in the development of problem drinkers? _____

_____

_____

_____

U. You've said that growing up with an alcoholic father was not easy and that it was _____. As a youngster, what expectations did you have for yourself about your future drinking style?

_____

_____

_____

_____

V. How do you explain the fact that you do not have a problem with drinking? _____

_____

_____

_____

W. What situations or events (things happening in the outside world), if any, do you believe result in your desire to take a drink?

_____

_____

_____

_____

_____

X. How does drinking affect your mood and behavior?

_____

_____

_____

APPENDIX B

INFORMED CONSENT FORM

Recent research has begun to focus on the unique characteristics and needs of children who were raised in families where one or both parents were alcoholic. Families with alcoholism may have effects on their children, even as these children grow into adulthood. In this particular study, grown-up or "adult-children of alcoholic" fathers will be interviewed. As an alcoholic or nonproblem drinker yourself, you will be asked to complete several questionnaires about your early family life and your father's and your own drinking patterns. You will also be interviewed about these topics. The entire research session will last about an hour.

Participation in this study would be greatly appreciated but is entirely voluntary. Your answers to questions will remain strictly confidential. To insure this, your name will be replaced by a code number on all questionnaires that you complete. Interviews will be audiotaped, but once again, will only be identified by your code number. Should you decide to discontinue your participation in this study, you may do so at any time.

Participants in this study may see the results that

are obtained if they would like. If you are interested in learning of the results, please deliver a stamped, self-addressed envelope to: Amy Hirsch, Alcohol Dependence Treatment Program, Veteran's Administration Medical Center, Leeds, Massachusetts. Results will not be available until the completion of the study in September, 1986.

If you agree to participate in the present study, please sign below.

_____ _____

signature of participant date

_____ _____

signature of researcher date

REFERENCES

Abramson, L.Y., Seligman, M.E.P., & Teasdale, J.D. (1978). Learned helplessness in humans: Critique and reformulation. Journal of Abnormal Psychology, 57(1), 49-74.

Ackerman, R.J. (1983). Children of alcoholics: A guidebook for educators, therapists, and parents. Holmes Beach, Florida: Learning Publications, Inc.

American Psychiatric Association. (1980). Diagnostic and statistical manual of mental disorders, (3rd ed.) Washington, D.C.: R.L. Spitzer.

Andrews, G., Tennant, C., Hewson, D.M., & Vaillant, G.E. (1978). Life events, stress, social support, coping style and risk of psychological impairment. Journal of Nervous and Mental Disease, 166, 307-316.

Anthony, J.E. (1974). The syndrome of the psychologically invulnerable child. In J.E. Anthony & C. Koupernick (Eds.), The child in his family: Yearbook of the international association for child psychiatry and allied professions. New York: John Wiley and Sons.

Averill, J., Opton, E., & Lazarus, R. (1969). Cross-cultural studies of psychological responses during stress and emotion. International Journal of Psychology, 4, 83-102.

Baker, S. (1984). Treatment of alcohol dependence. Psychiatric Annals, 14(4), 265-268.

Barry, H.B. (1974). Psychological factors in alcoholism. In B. Kissin and H. Begleiter (Eds.), The biology of alcoholism. New York: Plenum Press.

Behling, D.W. (1979). Alcohol abuse as encountered in 51 instances of reported child abuse. Clinical Pediatrics, 18(2), 87-91.

Berscheid, E., Graziano, W., Munson, T. & Dermer, M. (1976). Outcome dependency: Attention, attribution and attraction. Journal of Personality and Social Psychology, 34, 978-989.

Black, C. (1982). It will never happen to me. Denver, Colorado: M.A.C. Printing and Publications Division.

Booz Allen & Hamilton, Inc. An assessment of the needs of and resources for children of alcoholic parents final Report. Submitted to the National Institute on Alcohol Abuse and Alcoholism, Nov. 30, 1974.

Boscarino, J. (1980). Drinking by veterans and nonveterans - a national comparison. Journal of Studies on Alcohol, 41, 854-859.

Bosma, W.G. (1975). Alcoholism and teenagers. Maryland State Medical Journal, 24(6), 62-68.

Butts, S.V. & Chotlos, J. (1973). A comparison of alcoholics and nonalcoholics on perceived locus of control. Quarterly Journal of Studies on Alcohol, 34, 1327-1332.

Cahalan, D. (1970). Problem drinkers: A national survey. San Francisco: Jossey Bass.

Cermak, T.L. (1984). Children of alcoholism and the case for a new diagnostic category of codependency. Alcohol Health and Research World, 8(4), 38-42.

Chafetz, M.E. (1979). Children of alcoholics. New York University Educational Quarterly, 10(3), 23-39.

Cloninger, C.R., Bohman, M. & Sigvardsson, S. (1981). Inheritance of alcohol abuse: Cross fostering analysis of adopted men. Archives of General Psychiatry, 38, 861-868.

Cork, M.R. (1969). The Forgotten Children. Ontario, Canada: Addiction Research Foundation.

Cotton, N.S. (1979). The familial incidence of alcoholism: A review. Journal of Studies on Alcohol, 40, 89-116.

Crandall, V.C., Katovsky, M., & Crandall, V.J. (1965). Children's beliefs in their own control of reinforcement in intellectual-academic achievement situations. Child Development, 36, 91-109.

Cutter, H.S. and Fisher, J.C. (1980). Family experience and the motives for drinking. International Journal of Addictions, 15(3), 339-358.

Deutsch, C. (1982). Broken bottles broken dreams. New York: Teachers College Press.

Elkin, M. (1984). Families Under the Influence: Changing Alcoholic Patterns. New York: Norton Publications.

El-Guebaly, N. & Offord, D.R. (1977). The offspring of alcoholics: A critical review. American Journal of Psychiatry, 134, 357-365.

El-Guebaly, N. & Offord, D.R. (1979). On being the offspring of an alcoholic: An update. Alcoholism: Clinical and Experimental Research, 3(2), 148-156.

Fenichel, O. (1945). The Psychoanalytic Theory of Neurosis. New York: W.W. Norton.

Goodwin, D.W. (1979). Alcoholism and heredity. Archives of General Psychiatry, 36, 57-61.

Goodwin, D.W. & Erickson, C.K. (1979). Alcoholism and affective disorders. New York: S.P. Medical and Scientific Books.

Goodwin, D.W., Schulsinger, L., Hermansen, L., Guzi, S.B., & Winokur, G. (1973). Alcohol problems in adoptees raised apart from biological parents. Archives of General Psychiatry, 28, 238-243.

Goss, A. & Morosko, T.E. (1970). Relation between a dimension of internal-external control and the MMPI with an alcoholic population. Journal of Consulting and Clinical Psychology, 34, 189-192.

Gozali, J. & Sloan, J. (1971). Control orientation as a personality dimension among alcoholics. Quarterly Journal of Studies on Alcohol, 32, 159-161.

Gregory, W.L. (1981). Expectancies for controllability, performance attributions, and behavior. In H.M. Lefcourt (Ed.), Research with the locus of control construct, volume 1, assessment methods. New York: Academic Press.

Haberman, P. (1966). Childhood symptoms in children of alcoholics and comparison group parents. Journal of Marriage and the Family, 28, 152-154.

Harvey, J.H. & Galvin, K.S. (1984). Clinical implications of attribution theory and research. Clinical Psychology Review, 4, 15-33.

Harvey, J.H. & Weary, G. (1985). Current issues in attribution theory and research. Annual Reviews of Psychology, 35, 427-459.

Hastings, J.M. & Typpo, M.H. (1984). An elephant in the living room. Minneapolis: Care Publications.

Heath, D.B. (1975). A critical review of ethnographic studies of alcohol use. In R.J. Gibbons (Ed.), Research advances in alcohol and drug problems, New York: Wiley Press.

Hecht, M. (1973). Children of alcoholics are children at risk. American Journal of Nursing, 73, 1764-1767.

Heider, F. (1958). The psychology of interpersonal relations. New York: Wiley.

Heller, K., Sher, K.J. & Benson, C.S. (1982). Problems associated with risk overprediction in studies of offspring of alcoholics: Implications for prevention. Clinical Psychology Review, 2, 183-200.

Hinrichsen, J.J. (1976). Locus of control among alcoholics - some empirical and conceptual issues. Journal of Studies on Alcohol, 37(7), 908-916.

Holahen, C.J. & Moos, R.H. (1981). Social support and psychological distress: A longitudinal analysis. Journal of Abnormal Psychology, 90(4), 365-370.

Hollingshead, A.B. & Redich, F.C. (1958). Social Class and Mental Illness. New York: Wiley.

Hopper, A.E. & Nowicki, S. (1975). Locus of control correlates in an alcoholic population. Journal of Consulting and Clinical Psychology, 42(5), 735.

Jackson, J.K. (1954). Adjustment of the family to the crisis of alcoholism. Quarterly Journal of Studies on Alcohol, 15, 562-586.

Jackson, J.K. (1962). Alcoholism and the family. In D.J. Pittman and C.R. Snyder (Eds.), Society, culture and drinking patterns. New York: Wiley.

Jellinek, E.M. (1960). The disease concept of alcoholism. New Haven: College and University Press.

Jones, E.E. & Berglas, S. (1978). Control of attribution about the self through self-handicapping strategies: The appeal of alcohol and the role of underachievement. Personality and Social Psychological Bulletin, 4, 200-206.

Kaplan, D.M., Smith, A., Grobstein, R., & Fischman, S.E. (1977). Family mediation of stress. In R.H. Moos (Ed.), Coping with physical illness. New York: Plenum Press.

Keane, J.S. (1983). Factors related to the psychological well-being of children of alcoholics. Paper presented at the National Alcoholism Forum, Houston, Texas.

Kearney, T. & Taylor, C. (1969). Emotionally disturbed adolescents with alcoholic parents. Acta Paedopsychiatrica-Basil, 36, 215-221.

Kelley, H. (1973). The process of causal attribution. American Psychologist, 28, 107-128.

Ludwig, A.M. (1972). On and off the wagon: Reasons for drinking and abstaining by alcoholics, Quarterly Journal of Studies on Alcohol, 33, 91-96.

Ludwig, A.M. (1985). Cognitive processes associated with spontaneous recovery from alcoholism. Quarterly Journal of Studies on Alcohol, 46(1), 53-58.

MacAndrew, C. (1965). The differentiation of male alcoholic outpatients from nonalcoholic psychiatric outpatients by means of the MMPI. Quarterly Journal of Studies on Alcohol, 26(2), 238-246.

Marlatt, G.A., Kosturn, C.F. & Cang, A.R. (1975). Provocation to anger and opportunity for retaliation as determinants of alcohol consumption in social drinkers. Journal of Abnormal Psychology, 84, 652-659.

Mayer, J. & Black, R. (1977). The relationship between alcoholism and child abuse and neglect. In J. Seixas (Ed.), Currents in alcoholism vol. II. New York: Grune and Stratton.

Meryman, R. (1984). Broken promises, mended dreams. Boston: Little Brown.

Moos, R. & Billings, A. (1981). Children of alcoholics during the recovery process. Alcoholic & matched control families. Palo Alto: Social Ecology Laboratory, Stanford University.

Moos, R.H., Insel, P.M. & Humphrey, B. (1974). Combined preliminary manual: Family, work, and group environment scales. Palo Alto: Consulting Psychologists Press.

Moos, R. & Moos, B. (1974). Family environment scale manual. Palo Alto: Consulting Psychologists Press, Inc..

Moos, R.H. & Moos, B.S. (1976). A typology of family social environments. Family Process, 15(4), 357-371.

Moos, R. & Moos, B. (1981). The process of recovery from alcoholism: III. Comparing family functioning in alcoholic and matched control families. Palo Alto: Social Ecology Laboratory, Stanford University.

Moos, R.H. & Tsu, V.D. (1977). The crisis of physical illness: An overview. In R.H. Moos (Ed.), Coping with physical illness. New York: Plenum Press.

Mueller, J.F. (1972). Casework with the family of the alcoholic. Social Work, 17, 79-84.

Mulford, H.A. & Miller, D.E. (1960). Drinking in Iowa. III. A scale of definitions of alcohol related to drinking behavior. Quarterly Journal of Studies on Alcohol. 21, 267-278.

Naditch, M.P. (1975). Locus of control and drinking behavior in a sample of men in army basic training. Journal of Consulting and Clinical Psychology, 43(1), 96.

Nardi, P.M. (1981). Children of alcoholics: A role-theoretical perspective. Journal of Social Psychology, 115, 237-245.

National Council on Alcoholism. (1976). Definition of alcoholism. Annals of Internal Medicine, 85, 764.

National Institute on Alcohol Abuse and Alcoholism (NIAAA). (1974). Final Report: An Assessment of the Needs and of Resources for Children of Alcoholic Parents, Rockville, Maryland.

Narwicki, S. & Hopper, A.E. (1974). Locus of control correlates in an alcoholic population, Journal of Consulting and Clinical Psychology, 42, 735.

Obitz, F. (1978). Normative data on locus of control in male alcoholics undergoing treatment. Journal of Consulting and Clinical Psychology, 46(2), 379-380.

Obitz, F. & Oziel, L. (1978). Change in general and specific perceived locus of control in alcoholics as a function of treatment exposure. International Journal of the Addictions, 13(6), 995-1001.

Obuchowska, I. (1974). Emotional contact with the mother as a social compensatory factor in children of alcoholics. International Mental Health Research Newsletter, 16, 2-4.

O'Leary, M.R., Donovan, D.M., Hague, W.H. & Shea, R.A. (1974). Relationships between locus of control and MMPI scales among alcoholics: a replication and extension. Journal of Clinical Psychology, 30, 312-314.

Oziel, L., Obitz, F. & Keyson, M. (1972). General and specific perceived locus of control in alcoholics. Psychological Reports, 130, 957-958.

Palazzoli, M.S., Cecchin, G., Prata, G., & Boscolo, L. (1978). Paradox and counterparadox. New York: Jason Aronson.

Pattison, E.M. & Kaufman, E. (1982). Encyclopedic handbook of alcoholism. New York: Gardner Press.

Perrin, T. (1983). COA dilemna: Nonexistant parents. Focus on Family and Chemical Dependence, 6(6), 41-43.

Peterson, C.M. & Seligman, M.E.P. (1984). Content analysis of verbatim explanations: The CAVE technique for assessing explanatory style. Available from C. Peterson, Virginia Polytechnic Institute and State University, Blackburg, Virginia.

Pilat, J.M. & Jones, J.W. (1984/85). Identification of children of alcoholics. Alcohol Health and Research World, 9(2), 27-36.

Pittman, T.S. & Pittman, N.L. (1980). Deprivation of control and the attribution process. Journal of Personality and Social Psychology, 39, 377-389.

Prewett, M.J. & Spence, R. (1981). Attribution of causality of children with alcoholic parents. International Journal of the Addictions, 16(2), 367-370.

Pringle, W. (1977). The alcoholic family environment: The influence of the alcoholic and nonalcoholic family of origin on present coping styles. (Doctoral dissertation, California School of Professional Psychology, San Francisco, CA, 1976) Dissertation Abstracts International, 37, 5842B.

Rado, S. (1957). Narcotic bondage. American Journal of Psychiatry, 114, 165-177.

Reid, D.W. & Zeigler, M. (1981). The desired control measure and adjustment among the elderly. In H.M. Lefcourt, (Ed.), Research with the locus of control construct, Volume 1, assessment methods. New York: Academic Press.

Rotter, J.B. (1982). The development and application of Social learning theory. New York: Praeger Publications.

Rouse, B.A., Waller, P.F., & Ewing, J.A. (1973). Adolescents' stress levels, coping activities, and father's drinking behavior. Proceedings of 81st Annual Convention, American Psychological Association.

Russell, M., Henderson, C., & Blume, S. (1985). Children of alcoholics: A review of the literature. Buffalo, N.Y.: Children of Alcoholics Foundation.

Schuckit, M.A., Goodwin, D.W. & Winokur, G. (1972). A half-sibling study of alcoholism. American Journal of Psychiatry, 128, 1132-1136.

Schuckit, M.A. & Russell, J.W. (1983). Clinical importance of age at first drink in a group of young men. American Journal of Psychiatry, 140, 1221-1223.

Schilder, P. (1941). The psychogenesis of alcoholism. Quarterly Journal of Studies on Alcohol, 2, 277-292.

Selzer, M.L. (1971). The Michigan alcoholism screening test: The quest for a new diagnostic instrument. American Journal of Psychiatry, 127(12), 1653-1658.

Steinglass, P. (1980). A life history model of the alcoholic family. Family Process, 19(3), 211-226.

Steinglass, P. & Robertson, A. (1983). The alcoholic family. In B. Kissin and H. Begleiter, (Eds.), The biology of alcoholism vol. 6: The pathogenesis of alcoholism, psychosocial factors. New York: Plenum Press.

Stivers, R. (176). A Hair of the dog. University Park, PA: Pennsylvania State University Press.

Tuchfeld, B.S. (1981). Spontaneous remission in alcoholics: Empirical observations and theoretical implications. Journal of Studies on Alcohol, 42(7), 626-641.

Vaillant, G. (1983). The natural history of alcoholism. Cambridge, MA: Harvard University Press.

Wegschieder, S. (1979). Children of alcoholics caught in a family trap. Focus on Alcoholic and Drug Issues, 8.

Wegschieder, S. (1981). Another chance: Hope and health for the alcoholic family. Palo Alto: Science and Behavior Books.

Weiner, B. (1972). Theories of motivation. Chicago: Markham Press.

Weiner, B., Russell, D., & Lerman, D. (1978). Affective consequences of causal ascriptive. In J.H. Harvey, W.J. Ickes & R.F. Kidd, (Eds.), New directions in attribution research (volume 2). Hilside, N.J.: Erlbarim Press.

Whitfield, C.L. (1984). Co-alcoholism: Recognizing a treatable illness. Family and Community Health, 7, 16-27.

Wilson, C. & Orford, J. (1978). Children of alcoholics, report of a preliminary study and comments on the literature, 39(1), 121-142.

Woititz, J.G. (1983). Adult children of alcoholics. Hollywood, FL: Health Communications.

Wolin, S.J., Bennett, C.A., Noonan, D.C. & Teitelbaum, M.A. (1980). Disrupted family rituals, a factor in the intergenerational transmission of alcoholism. Journal of Studies on Alcohol, 3, 199-214.

Worden, M. (1984). Children of alcoholics: Growing up in dysfunctional families. Focus on Family and Chemical Dependency, 7(4), 33-40.

Worell, L. & Tumilty, T.N. (1981). The measurement of locus of control among alcoholics. In H.M. Lefcourt, (Ed.), Research with the locus of control construct, volume 1, assessment methods. New York: Academic Press.

World Health Organization. (1964). Expert committee on mental health (Technical Report Series, No. 273). Geneva, Switzerland.